

REDUCING ANXIETY FACING CHILDBIRTH THROUGH PRENATAL YOGA

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Abstract

Introduction: Indonesian shows that 71,9% experience anxiety during pregnancy. Stress and anxiety can stimulate an increase in the hormone corticotropin which interact with the hormones oxytocin and prostaglandins. Anxiety as a response to stress, can stimulate the body to be difficult to relax. Prenatal yoga is a type of bodywork, mind and mental exercise that is useful for flexing muscles, joint and soothes the mind and also helps pregnant women build self-confidence, and think positively before childbirth. The aim of this study is determine the differences in anxiety of third trimester pregnant women before and after doing yoga. Methods: the applied research design in this study was pre-experimental research design one-group pretest and posttest. Samples were selected using an accidental sampling technique. The instrument used was measures for the level of anxiety STAI. Data were collected using primary data by providing a questionnaire that was filled by pregnant women. Result: There were increase in the level of moderate anxiety 75%, after the intervention there were increase in 2 respondents to 14 (87.5%) who came from high anxiety, so that no one experienced a high level of anxiety (0%). Conclusion: There were increased anxiety levels facing childbirth in third trimester pregnant women after doing prenatal yoga.

Keywords: Anxiety, Pregnancy, Prenatal Yoga

Introduction

Pregnancy is a period that is very desired by every married couple to get offspring, pregnancy is a physiological process that almost always occurs in every woman and life experiences in the form of

extraordinary happiness or deep sadness that can trigger emotions, where pregnancy occurs after the meeting of sperm and ovum so that it becomes a fetus that grows and develops in the uterus for 259 days or 37 weeks or up to 42 weeks. The pregnancy

process is divided into 3rd trimesters, the first trimester lasts for the first 12 weeks, the second trimester from the 13th week to the 28th week and the III trimester from the 29th week to the 40th week or until the mother gives birth (Fauziah & Sutejo, 2014).

During the pregnancy process, there will be various changes, both physiologically and psychologically. These changes are mostly due to the increase in the hormones estrogen and progesterone produced by the corpus luteum which develops into the corpus gravidity and continues its secretion by the placenta after it is fully formed resulting in psychological aspects that cause various psychological problems for pregnant women, one of which is anxiety (Rahmawati, 2016).

Psychological constraints of anxiety in pregnancy are associated with an increase the concentration of noradrenaline in blood plasma, so that blood flow to the uterus is disrupted. The uterus is very sensitive to noradrenaline and can cause vasoconstriction effects, resulting in the inhibition of the growth process and intrauterine fetal development due to lack of oxygen and nutrients resulting in the occurrence of low birth weight (LBW). Not only that, a state of stress and anxiety can stimulate an increase in the hormone

corticotropin which interacts with the hormones oxytocin and prostaglandins, resulting in premature birth.

According to WHO there are about 10% of pregnant women and 13% of women who have just given birth 5 around the world experiencing mental disorders traumatic depression. In China it shows that 20.6% of pregnant women experience anxiety, in Central America-Nicaragua 41% of pregnant women have symptoms of anxiety and 57% of pregnant women experience depression, in Pakistan 70% of pregnant women experience anxiety and depression, in Bangladesh 18% of pregnant women experiencing depression and 29% of pregnant women experience depression or anxiety. In Malaysia, research data shows 23.4% of pregnant women experience anxiety.

Indonesia shows that 71.90% experience anxiety. Anxiety as a response to stress, can stimulate the body to be difficult to relax because the muscles become tense and the heart beats faster, it is difficult to relax occurs in pregnant women who have trouble sleeping. Physical, emotional and mental changes can make women stressed just because they no longer have control over their bodies and feel worried and afraid

because they don't know what will happen to them (Fadzil et al., 2013);(Videback, 2012).

The existence of psychological problems such as anxiety experienced by pregnant women during pregnancy, so there are several methods of handling that can overcome the anxiety of pregnant women that have been carried out since long ago, namely complementary traditional medicine to conventional medicine. Conventional medicine is by means and actions carried out by medical personnel along with the provision of chemical or synthetic drugs, while complementary traditional medicine such as massage, acupuncture, nutrition, herbal therapy and the most popular in society to date is Yoga (Depkes RI, 2016).

Prenatal yoga is a type of bodywork, mind and mental exercise that is useful for flexing muscles, joints and soothes the mind. Yoga also helps pregnant women build self-confidence, and think positively before childbirth. This research was conducted to determine the differences in anxiety of third trimester pregnant women before and after doing yoga (Novelia et al., 2019).

Based on the results of the initial questionnaire distributed by researchers as many as 10 questionnaires for third trimester pregnant women at the Masita clinic, Cilegon city, it was found that 2 pregnant

women with high anxiety, 7 pregnant women with moderate anxiety and 1 pregnant woman with low anxiety in their pregnancy.

This research was conducted to determine the differences in anxiety of third trimester pregnant women before and after doing yoga

Method

This type of research used in this research is pre-experimental research design one-group pretest and posttest. This study uses a measuring instrument for the level of anxiety STAI because it has been proven to have high reliability and validity and is often used in research. Data were collected using primary data by providing a questionnaire that was filled in by pregnant women before the intervention at the beginning of the study as a result of the pre-test, while post-test measurements were given to pregnant women after the intervention was carried out. The intervention in this research is Prenatal Yoga

This research was conducted on 27 January - 17 March 2020 at the Masita Clinic, Cilegon City. Researchers chose this place because it was doing prenatal yoga activities

The target population in this study were pregnant women. The sample taken in

this study is using a nonprobability sampling technique, namely accidental sampling.

Results

Table 1. Frequency Distribution of characteristics of the respondents Performing Yoga

No	Variable	Frequency	%
1.	Age		
	High Risk (<20&>35 th)	0	0%
	Low Risk (20-35 th)	16	100%
2.	Educational Status		
	Elementary (Elementary school, Junior High School)	0	0%
	Intermediate (Senior High School)	3	19%
	Advanced (Diploma 3, Undergraduate)	13	82%
3.	Employment of mother		
	Working	7	44%
	Not working	9	57%

Table 1 shows that the characteristic of respondent based on age, all ages is low-risk pregnant (100%), the highest education level of respondents came from higher

education (diploma 3, bachelor) which was (82%), based on the respondent's work it was found that many respondents were unemployed (57%).

Table 2. Frequency Distribution of Pre and Post Test Anxiety Levels in Pregnant Women Do Yoga in Facing Childbirth

Anxiety trimester III pregnant women	PreTest		PostTest	
	N	%	N	%
Mild anxiety	2	12,5%	2	12,5%
Moderate Anxiety	12	75%	14	87,5%
High Anxiety	2	12,5%	0	0%
Total	16	100%	16	100%

Table 4, it shows before the intervention most of level anxiety trimester III there were moderate anxiety level which was 75%, after the intervention there were increase in 2 respondent to 14 (87.5%) who

came from high anxiety, so that no one experienced a high level of anxiety (0%).

Discussion

The characteristics of the respondents provide an overview of the age group, education and occupation. Age affects a person's psychology, the older the person the better the level of emotional maturity. Pregnancy and safe delivery is at the age of healthy reproduction, which is 20-30 years. The age of pregnant women under 20 years or over 35 years is a high risk pregnancy age, so it is prone to cause anxiety.

In terms of educational characteristics, most of the pregnant women had a high education (Diploma 3, undergraduate) as much as 81.25%. As stated by (Handayani, 2015) and (Astusi, 2012) there is a significant relationship between education and anxiety of pregnant women before childbirth. Education is generally useful in changing thought patterns, behavior patterns and decision-making patterns. A person's education level has an effect in responding to something that comes from both inside and outside. People who have higher education will give a more rational response than those with less education.

The occupational characteristics indicate that most of the pregnant women work. According to (Said et al., 2015), primigravida pregnant women who work, do

not experience anxiety more. Work activities can take up time so that pregnant women can focus on their work and divert feelings of anxiety. Pregnant women who have jobs can interact with the community so that they can increase knowledge about their pregnancy and can increase family income to meet their needs during and after childbirth.

Anxiety is an emotional state characterized by physiological stimuli, unpleasant tense feelings, and feelings of fear of prejudice (premonition). Pregnant women anxiety can arise because the long period of waiting for birth is full of uncertainty. In addition, there are images of scary things during childbirth, even though what she imagines does not necessarily happen. This situation causes drastic changes, not only physically but also psychologically (Aswitami, 2017).

The results of the anxiety level before doing yoga and after doing yoga experienced an increase in 2 responses to the level of mild anxiety that came from high anxiety levels so that there was a decrease in the posttest results so that no one experienced high anxiety. As stated by (Ashari et al., 2019), that yoga practice during pregnancy helps reduce anxiety related to the pregnancy process, increases

self-confidence in dealing with childbirth and reduces physical complaints.

Pregnant women who are not ready for childbirth will be easily anxious and show fear by forming a silent attitude and even crying, this indicates that the mother is experiencing anxiety. During the third trimester of pregnancy, the mother begins to enter a phase of poor sleep quality, due to anxiety. This can cause many problems during pregnancy. Anxiety of pregnant women before childbirth contains psychological changes in third trimester pregnant women that seem complex and increase compared to the previous trimester. Therefore, prenatal gentle yoga is an alternative to minimize discomfort during the third trimester of pregnancy (Zamriati et al., 2013).

The older the pregnancy, the attention and thoughts of pregnant women begin to focus on something that is considered a climax, so that the anxiety experienced by pregnant women will intensify just before childbirth. The body and mind of pregnant women go through some big changes. Doing yoga can overcome the effects of these changes, because in yoga the mother is trained to listen to the body when doing breathing, movement and changing positions. It is very

important to train safely and not too aggressively (Aprilia, 2017).

Yoga originated in India about 4000 years ago. The name yoga is taken from a word which means unity in Sanskrit. Yoga is indeed the oldest holistic philosophy of life known to man. Yoga creates physical awareness and deep feelings of relaxation, plus a clear mind and stable emotions (Safriani, I., Nufus, H., & Nurmayanti, 2018).

Yoga is all about increasing self-awareness. Therefore, the most important thing is to listen to the body while exercising the body, postures and breathing techniques. It is very important to train safely and not too aggressively. Mothers can feel uncomfortable when opening parts of the body that are stiff and unable to stretch, this discomfort is caused by stiff joints and muscles, tension in the fascia (a collection of cell fibers that are interconnected like the tissue between the skin and muscles that are stiff. wrap as an organ) (Aprilia, 2017).

The breathing technique in yoga is called pranayama controlling breath and thoughts. Pranayama makes the whole body system feel healthier. The respiratory and nervous systems become calmer and stronger so that emotions will be more balanced. Positive affirmations built while

doing yoga help strengthen the mind through relaxation and meditation, provide quiet time to create an inner bond between mother and baby, instill a sense of patience, intuition and wisdom (Tia, 2014).

Conclusion

In conclusion, this study concludes that there is a decrease in anxiety levels facing childbirth in third trimester pregnant women after doing prenatal yoga. Through Prenatal Yoga, pregnant women have been given preparation both physically and mentally in the form of knowledge and techniques to reduce anxiety in facing pregnancy and childbirth.

Reference

- Aprilia, Y. (2017). *Bebas Takut Hamil dan Melahirkan*. PT Gramedia Pustaka Utama.
- Ashari, Pongsibidang, G. S., & Mikharunnisai, A. (2019). Pengaruh Senam Prenatal Yoga terhadap Penurunan Kecemasan Ibu Hamil Trimester III. *JURNAL Media Kesehatan Masyarakat Indonesia*, 15(1), 55–62.
- Astusi, Y. (2012). *Hubungan Karakteristik Ibu Hamil Primigravida Trimester Ketiga Dengan Tingkat Kecemasan Di RSUD Pasar Rebo*. FK UI, 20.
- Aswitami, N. G. A. P. (2017). Pengaruh Yoga Antenatal Terhadap Tingkat

Kecemasan Pada Ibu Hamil Tw Iii Dalam Menghadapi Proses Persalinan Di Klinik Yayasan Bumi Sehat. *Jurnal Kesehatan Terpadu*, 1(1), 1–5. <https://doi.org/10.36002/jkt.v1i1.155>

Depkes RI. (2016). Retrieved from *Profil Kesehatan Indonesia: www.depkes.go.id. Departemen Kesehatan Republik Indonesia Jakarta*.

Fadzil, A., Balakrishnan, K., Razali, R., Sidi, H., Malapan, T., Japaraj, R. P., Midin, M., Nik Jaafar, N. R., Das, S., & Manaf, M. R. A. (2013). Risk Factors For Depression and Anxiety Among Pregnant Women In Hospital Tuanku Bainun, Ipoh, Malaysia. *Asia-Pacific Psychiatry*, 5(SUPPL. 1), 7–13. <https://doi.org/10.1111/appy.12036>

Fauziah, S., & Sutejo. (2014). *Keperawatan Maternitas Kehamilan Volume*. Kencana Perdana Media.

Handayani, R. (2015). Faktor - Faktor yang Berhubungan dengan Tingkat Kecemasan Menjelang Persalinan Pada Ibu Primiravida Trmester III di Wilayah Kerja Puskesmas Lubu Buaya Padang Tahun 2012. *Ners Jurnal Keperawatan*, 11(1), 62–71.

Novelia, S., Sitanggang, T. W., & Lutfiyanti, A. (2019). The Effect of Yoga Relaxation on Anxiety Levels among Pregnant Women. *Nurse Media Journal of Nursing*, 8(2), 86. <https://doi.org/10.14710/nmjn.v8i2.19111>

Rahmawati. (2016). Analisis Hubungan Tingkat Kecemasan dan Nyeri Persalinan Kala I Primipara di Wilayah Kerja Puskesmas Kota Pekalongan. *Jurnal Litbang Pekalongan*, 10, 42–49.

- Safriani, I., Nufus, H., & Nurmayanti, I. (2018). (2018). Pengaruh Senam Yoga Terhadap Kualitas Tidur Ibu Hamil Trimester III. *Midwifery Journal of STIKes Insan Cendekia Medika Jombang*, 15(1), 22–29.
- Said, N., Kanine, E., & Bidjuni, H. (2015). Hubungan Faktor Sosial Ekonomi Dengan Kecemasan Ibu Primigravida Di Puskesmas Tuminting. *Jurnal Keperawatan UNSRAT*, 3(2), 111622.
- Tia, P. (2014). *Yoga ibu hamil*. Puspa Swara.
- Videback, S. . (2012). *Buku Ajar Keperawatan Jiwa*. ECG.
- Zamriati, W. O., Hutagaol, E., & Wowiling, F. (2013). Faktor - Faktor Yang Berhubungan dengan Kecemasan Ibu Hamil Menjelang Persalinan Di Poli KIA PKM Tuminting. *Jurnal Keperawatan UNSRAT*, 1(1), 109817.