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The Effect of Self Hypnosis on the Reduction of Anxiety of Pregnant Women in Trimester III Practice Midwife Anni Rizkiah

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ABSTRACT

The purpose of this study was to identify the characteristics of pregnant women in the third trimester, identify the anxiety of pregnant women before and after self hypnosis and to find out the effect of self hypnosis on reducing anxiety in third trimester pregnant women, this research method is a quasi experiment, with a one-group pre-test and post-test design. The samples taken were 15 pregnant women. Sampling in this study using the Total Sampling method. Data was collected through a check list observation sheet and analyzed univariately and bivariately with the Wilcoxon test and presented in the form of a frequency distribution table. Results of this study the value of is 0.01 (ρ < 0.05). The conclusion of this study states that there is an effect of self hypnosis on the anxiety of pregnant women in the third trimester at the Midwife Anni Rizkiah Practice, Sitampa Simatoras Village, South Tapanuli. Researcher Suggestions It is hoped that the midwives who drive the practice will make policies related to self-hypnosis to be taught to every pregnant woman who visits. Throughout the pregnancy process, the mother will remain calm and relaxed. Mother and baby are healthy with normal delivery.

Keywords:

Self- Hypnosis, Anxiety, Third Trimester Pregnancy

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1. INTRODUCTION

Third trimester of pregnancy is called a period of waiting with great vigilance. Most women experience psychological and emotional changes. Complex physical and emotional changes require adaptation to lifestyle adjustments to the process of pregnancy that occurs, a number of fears are seen during the third trimester. Physical changes and side effects of pregnancy often make mothers worry, especially in the third trimester, pregnant women begin to worry about the birth process [16].

Based on data World Health Organization (WHO) in 2020 the maternal mortality rate (MMR) worldwide is estimated at 810/100,000 live births where death is estimated to occur every day, and 94% of all maternal deaths occur in low and middle to lower income countries [2]. Based on data from the World Health Organization (WHO) 2020, the maternal mortality rate in Indonesia is still far from achieving the 2030 SDGS target, which is expected to be 70 per 100,000 live births, but the results show 177 per 100,000 live births. 75% of maternal deaths are caused by bleeding, infection, high blood pressure, diabetes, abortion and other diseases. This places Indonesia in the 3rd highest MMR in Southeast Asia after Laos with a death rate of 292 per 100,000 live births [2].

Based on data from the Padangsidimpuan City Health Profile in 2019, the reported infant mortality rate was 19 babies out of 4512 births. Maternal mortality rate (MMR) is the number of women who die in a certain year due to causes of death related to pregnancy disorders or their treatment (excluding accidents or incidental cases). This indicator is directly used to monitor pregnancy-related deaths. Women who will give birth will experience the process of pain or pain. Things to worry about. If a woman who is about to give birth cannot endure pain and is left alone, the mother's concentration in facing childbirth will be disturbed which can harm the mother or baby, and can cause death [3]. Anxiety often occurs in pregnant women by 29.2 % compared to mothers who postpartum by

16.5%. Anxiety that occurs during pregnancy will affect between 15-23% of women and is associated with an increased negative risk for the mother and child born [6]. The prevalence of anxiety in pregnant women is estimated to be between 7-20% in developed countries while in developing countries it is reported to be 20% or more [6].

During pregnancy there is an increase in the hormones estrogen, progesterone, adrenaline and cortisol. Hormonal changes that occur cause the emotions of pregnant women to tend to fluctuate, and are more sensitive. Pregnant women with a gestational age of 35 weeks in Sweden at the time of Antenatal Care examination as much as 24% experienced anxiety and 22% experienced depression, 29% pregnant women in Bangladesh experienced symptoms anxiety and 18% experienced depression. [2].

In Indonesia alone, it was reported that 28.7% experienced anxiety in third trimester pregnant women [12] then increased in 2020 where anxiety increased to 33.93%. Anxiety felt by the mother such as fear of complications to the mother and fetus, fear of labor pain, fear of not being able to give birth normally, fear of perineal stitches, fear of bleeding, fear of not being able to breastfeed her baby and fear of not being able to care for her baby later [20].

Hypnosis for pregnancy and childbirth is referred to as hypnosis which creates a sense of comfort, relaxation and security during pregnancy and childbirth. The effects of anxiety in labor can result in excessive catecholamine levels causing decreased blood flow to the uterus, decreased uterine contractions, decreased blood flow to the placenta, decreased oxygen available to the fetus and can increase the duration of the first stage of labor (Simkin, 2010). The main effort in reducing the level of anxiety and fear of pregnant women really needs to be explained about the changes that occur in her. This is where the midwife plays an active role in explaining the psychological changes she will face. So that they can adapt to reality. Explaining that the fetus is a part of him that is totally dependent on him [22]

The Self Hypnosis method that can be done starting during pregnancy can help reduce anxiety and fear levels, this method is actually already known in one of the non-pharmacological pain management known as guided imagination which was developed with various techniques, one of which is hypnosis. Hypnosis techniques can help relax the muscles so that mothers avoid anxiety and can help mothers be calmer in dealing with childbirth [16].

Besides being known as a strong anti-anxiety agent , Self Hypnosis is also capable of causing a high relaxation effect. This relaxation response has the effect of reducing tension and stress from one's mind. Relaxation conditions that occur due to treatment with hypnosis can trigger changes in brain waves where in hypnotic conditions , the brain will enter alpha to tetha waves, in this state the mind becomes very relaxed, the frequency of the waves becomes more rhythmic and regular so that the effect that arises on the brain is the production of neurotransmitters. such as endorphins, GABA, enkephalins and several other neurotransmitters that function to reduce anxiety conditions while causing a relaxing effect [15].

According to the American Pregnancy Association, self-hypnosis relaxation techniques can be used during pregnancy to prepare a mother for childbirth and to try to overcome a number of issues ranging from fears and health conditions related to pregnancy and to reduce anxiety during pregnancy [25].

Fatimah's research [12] that mothers who were given self hypnosis experienced a decrease in anxiety to not experience anxiety compared to mothers who were not given hypnobirthing (self hypnosis). This is because the mother feels more relaxed, comfortable and calm. The results of the initial survey conducted on 5 pregnant women in the third trimester at the practice of Midwife Anni Rizkiah stated that the 5 pregnant women experienced anxiety. Respondents feel anxious about childbirth due to remembering and re-imagining the pain during previous deliveries , and do not have experience for respondents who are primigravida pregnant women and pregnant women and local midwives who do not know that self hypnosis methods can reduce anxiety in facing childbirth.

Based on the background above, the researchers are interested in conducting research again in aspects that focus on self hypnosis which aims to determine the Effect of Self Hypnosis on Reducing Anxiety in Third Trimester Pregnant Women in the Practice of Midwife Anni Rizkiah, Sitampa Simatoras Village, South Tapanuli Regency in 2021.

2. METHOD

The type of research used in this research is quantitative research. The research design is a Quasi Experiment with a one group design pre-test and post-test designs. The location of the research was carried out at the Practice of Midwife Anni Rizkiah, Sitampa Simatoras Village, South Tapanuli. The time of this research took place from December 2020 to August 2021. The population is all pregnant women in the third trimester from April-July totaling 15 pregnant women. The sampling technique used in this research is Total Sampling.

3. RESULTS AND DISCUSSION

3.1. Results

3.1.1. Univariate Analysis

Table 1. Frequency Distribution of Subject Characteristics

Variable	Frequency	Percentage (%)	Total
Age			
20-35 Years	12	80	100%
> 35 Years	3	20	
parity			
Primigravida	9	60	
Scundigravida	3	20	100%
Multi-grande gravida	3	20	

Based on Table 1 shows the majority of respondents aged 20-35 years as many as 12 people (80%) minority age >35 years as many as 3 people (20%). The parity of the respondents was the majority of primigravida as many as 9 people (60%) the minority was scandigravida and multi as many as 3 people (20%).

Table 2 Average Frequency Distribution of Anxiety in Third Trimester Pregnant Women Before and After Self Hypnosis

Treatment	Anxiety Level	Frequency		Percentage %	
Self Hypnosis		pre	post	pre	post
	No Anxiety	0	15	0	100
	Mild Anxiety	4	0	27	0
	Moderate Anxiety	9	0	60	0
	Severe Anxiety	2	0	13	0
	Severe Anxiety	0	0	0	0
	Total	15	15	100	100

Table 2 It is shown that of the 15 pregnant women in the third trimester, the level of anxiety before treatment (self hypnosis) was moderate anxiety, namely 9 mothers (60%) and severe anxiety as much as 2 people (13%) while the level of very severe anxiety was 0. Then after treatment (post test) all mothers did not experience anxiety, meaning that all third trimester mothers after being given the intervention 100% did not experience anxiety.

3.1.2. Bivariate Analysis

Table 3. Effect Self Hypnosis On Reducing Anxiety in Third Trimester Pregnant Women in Midwife Practice Anni Rizkiah Sitampa Simatoras

	After Anxiety Score - Prior Anxiety Score
Z	-3,426 ^a
asymp. Sig. (2-tailed)	.001

Source: Wilcoxon Output SPSS

Table 3 illustrates that of 15 pregnant women all experienced a decrease in anxiety after being given Self Hypnosis. The value of in this study is 0.01 smaller than 0.05 so that there is an effect of Self Hypnosis on the anxiety of pregnant women in the third trimester at the Midwife Practice Anni Rizkiah Sitampa Simatoras in 2021. This shows that Ha is accepted, which means that there is an effect of Self Hypnosis on reducing anxiety of pregnant women after the intervention.

3.2. Discussion

3.2.1. Overview of the Characteristics of Pregnant Women in the Third Trimester

Based on the results of observations during the field, the number of samples used in this study were 15 pregnant women in the third trimester. The sampling method was total sampling and selected based on inclusion and exclusion criteria, then the level of anxiety before treatment was measured using the Hamilton Anxiety Rating Scale observation instrument. (HARS) in the treatment group. Based on the age of the respondents in table 3.1.1 the majority were aged 26 -35 years as many as 10 people (67%) and the minority aged >35 (6%) as many as 1 person. Marriage, pregnancy, childbirth, and child care will bring about many changes. This of course requires physical and psychological readiness from the mother. The age of 20-35 years

is considered ideal for undergoing pregnancy and childbirth [24], meaning that the age of the majority of respondents is safe.

Age is a unit of time that measures an object or creature, whether living or dead. Marriage, pregnancy, childbirth, and child care will bring about many changes. This of course requires physical and psychological readiness from the mother. [24]. The age of 20-35 years is the age that is considered safe to undergo pregnancy and childbirth. Because at the age of <20 years, the physical condition, especially the reproductive and psychological organs, is not 100% ready to undergo pregnancy and childbirth. Meanwhile, pregnancy at the age of > 35 years is a condition that is categorized as a high risk of congenital abnormalities and the presence of complications during pregnancy and childbirth [21].

Based on [14] entitled "Maternal Characteristics (Age, Parity, Education) and Family Support with Third Trimester Pregnant Anxiety" The optimal age for a pregnant woman is 20-35 years old because at that age the uterus is mature and capable of accept pregnancy both in terms of psychological and physical. Based on the assumptions of the researchers, the cause of anxiety is not only focused on age because anxiety can occur in every age group but because several other internal and external factors trigger anxiety for pregnant women. Based on the characteristics of the respondents in table 3.1.1 the majority of parity respondents are Primigravida as many as 9 people (60%) 7 people experience anxiety (47%) and 2 people have no anxiety (13%) and the minority is multi-grande gravida as many as 3 people (20%) 2 experienced anxiety (13%) and 1 had no anxiety (7%). So in this case the pregnant women of the respondents are not classified as high parity.

Based on Andayani's research [3] entitled "Mother's Characteristics (Age, Parity, Education) and Family Support with Third Trimester Pregnant Anxiety "A woman's parity can affect the psychological health of pregnant women, especially in third trimester pregnant women who will face the process of labor. Pregnant women with primigravida parity still don't have an idea of what happens during childbirth and are often found feeling afraid because they often listen to stories about what will happen when gestational age is getting closer to the time of delivery with a scary birth process imagined [3]

The majority of pregnant women with multigravida parity already have an overview of pregnancy and the delivery process from previous pregnancies. So that during pregnancy they tend to be more mentally and psychologically prepared so that they are more prepared to face childbirth [8]. Otaviana's research [5] entitled "Parity, Age, and Birth Distance to the Incidence of Anemia in Pregnant Women" shows that 26% of pregnant women experience anemia. The most dominant internal factor with the incidence of anemia in pregnant women is maternal parity (p- *value* 0.017), maternal age (p- *value* 0.017), and birth spacing (p- *value* 0.000). As for external factors, it was found that there was no significant relationship with the incidence of anemia in pregnant women.

Based on the researcher's assumption, parity can affect the anxiety level of pregnant women in the third trimester, but when viewed from an experience point of view, anxiety is more common in primigravida women, the same thing can also happen to scundi and multi mothers with a history or bad experience in previous deliveries. Based on Table 3 illustrates that of the 15 third trimester pregnant women, the level of anxiety before treatment (self hypnosis) was moderate anxiety, namely 9 mothers (60%) and severe anxiety as much as 2 people (13%) while the level of very severe anxiety was 0. Then after treatment (post test) all mothers did not experience anxiety, meaning that all third trimester mothers after being given the intervention 100% did not experience anxiety.

3.2.2. Effect of Self Hypnosis Against Anxiety Reduction in Third Trimester Pregnant Women

Based on Table 3 Hajil Wilcoxon test from one group Pre-test and post -test got a value of - value 0.01, which means that there is an effect of Self Hypnosis on reducing anxiety in third trimester pregnant women before and after treatment. The value of in this study is 0.01 smaller than 0.05 so that there is an effect of Self Hypnosis on the anxiety of pregnant women in the third trimester at the Midwife Practice Anni Rizkiah Sitampa Simatoras in 2021. This shows that Ha is accepted which means there is an effect of Self Hypnosis after it is done intervention.

The results of field observations show that respondents with anxiety problems before being given self hypnosis in fact become less anxious after self hypnosis is done. This is because mothers who are given self hypnosis feel more relaxed, comfortable and calmer so that mothers are able to manage bad thoughts about things that make them afraid from various childbirth stories. The results of this study are in accordance with research conducted by Fatimah [12], mothers who were given self hypnosis experienced a decrease in anxiety to not experience anxiety compared to mothers who were not given hypnobirthing (self hypnosis). This is because the mother feels more relaxed, comfortable and calm.

According to the American Pregnancy Association, self-hypnosis relaxation techniques can be used during pregnancy to prepare a mother for childbirth and to try to overcome a number of issues ranging from fears and health conditions related to pregnancy and to reduce anxiety during pregnancy [27. In line with the research of Fatimah., Triyani, S., Aisyah which stated that relaxation training could significantly reduce the subject's anxiety in dealing with childbirth. The existence of thoughts such as giving birth which will always be followed by pain will cause an increase in the work of the sympathetic nervous system. In this situation, the

endocrine system, which is made up of glands, such as the adrenal, thyroid, and pituitary (the control center of the gland), releases their respective hormones into the bloodstream in order to prepare the body for an emergency situation. As a result, the autonomic nervous system activates the adrenal glands which affect the system on the hormone epinephrine.

The increase in the hormones adrenaline and noradrenaline or epinephrine and norepinephrine causes a dysregulation of the body's biochemistry, resulting in physical tension in pregnant women. The impact of this physiological process arises on daily behavior. Pregnant women become irritable, restless, incapable of paying attention, indecisive, and may even want to run away from the realities of life [2]. A series of relaxation techniques ranging from muscle relaxation, breathing relaxation, mind relaxation and planting positive sentences that are carried out regularly and concentration will cause a relaxed condition in the body so that the body responds to releasing endorphins which make the mother relax and reduce pain, especially when the brain reaches alpha waves or at rest. In this condition, when the body releases serotonin and endorphins, humans are relaxed without tension and anxiety. [2].

Based on the researcher's assumption that self hypnosis has an influence in reducing the anxiety of pregnant women in the third trimester, Self Hypnosis for researchers is the most effective, easy and inexpensive independent way, can be done anytime anywhere, so that it is not only able to manage the mind but it can also reduce consumption drugs during pregnancy.

4. CONCLUSION

The average anxiety before the intervention was 9 people with moderate anxiety category (60%) 4 pregnant women with mild anxiety (27%) and 2 with severe anxiety (13%). The average anxiety after the intervention is all respondents with a total of 15 people there is no anxiety after doing self hypnosis reinforced by the results of univariate and bivariate analysis where the results of the Wilcoxon test value = 0.00. There is an effect of self hypnosis on reducing anxiety in third trimester pregnant women where the Wilcoxon test results value = 0.00 (ρ < 0.05).

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