Combination of Prenatal Gentle Yoga with Dhikr to Reduce the Anxiety Level of Pregnant Women

Kombinasi Prenatal Gentle Yoga dengan Dzikir Untuk Menurunkan Tingkat Kecemasan Ibu Hamil

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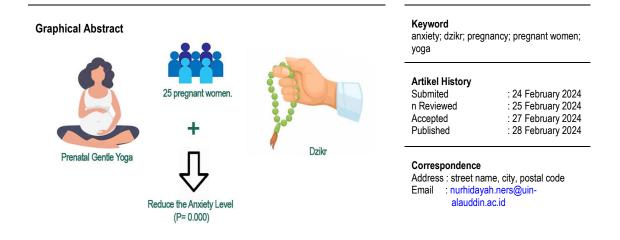
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Abstract

Anxiety in pregnant women should receive special attention. This psychological problem can even continue into the postpartum period, contributing to the emergence of baby blues and even postnatal depression. The level of anxiety in pregnant women can be minimized with non-pharmacological measures such as prenatal gentle yoga. This study aims to determine the effect of gentle yoga therapy and prenatal dhikr on the anxiety level of pregnant women in the Makassar Urban Area. This research used a pre-experimental design with a one group pretest and posttest design, with a sample of 25 pregnant women. This research uses prenatal gentle yoga and dhikr therapy interventions to reduce anxiety during pregnancy. Univariate analysis was carried out to obtain information regarding sample characteristics such as age, education, parity and gestational age. Bivariate analysis was carried out to find out what happened before and after prenatal gentle yoga and dhikr therapy. The results of the study showed that there was a difference in the level of anxiety of pregnant women (p= 0.000) before and after receiving gentle yoga and dhikr prenatal therapy intervention. In this study, gentle yoga prenatal therapy combined with dhikr was proven to be able to reduce anxiety levels in pregnant women, so that education and socialization can be given to pregnant women so that it becomes a habit.

Abstrak

Kecemasan pada ibu hamil harus mendapat perhatian khusus. Masalah psikologis ini bahkan dapat berlanjut hingga masa nifas sehingga berkontribusi terhadap timbulnya baby blues bahkan depresi pasca melahirkan. Tingkat kecemasan pada ibu hamil dapat diminimalisir dengan tindakan nonfarmakologis seperti prenatal gentle yoga. Penelitian ini bertujuan untuk mengetahui pengaruh terapi gentle yoga dan dzikir prenatal terhadap tingkat kecemasan ibu hamil di Wilayah Perkotaan Makassar. Penelitian ini menggunakan desain pre-eksperimental dengan desain one group pretest and posttest, dengan sampel sebanyak 25 ibu hamil. Penelitian ini menggunakan intervensi prenatal gentle yoga dan terapi dzikir untuk menurunkan kecemasan pada kehamilan. Analisis univariat dilakukan untuk memperoleh informasi mengenai karakteristik sampel seperti umur, pendidikan, paritas dan usia kehamilan. Analisis bivariat dilakukan untuk mengetahui apa yang terjadi sebelum dan sesudah dilakukan prenatal gentle yoga dan terapi dzikir. Hasil penelitian menunjukkan terdapat perbedaan tingkat kecemasan ibu hamil (p= 0,000) sebelum dan sesudah mendapatkan intervensi terapi prenatal gentle yoga dan dzikir. Pada penelitian ini terapi prenatal gentle yoga yang dikombinasikan dengan dzikir terbukti mampu menurunkan tingkat kecemasan pada ibu hamil, sehingga edukasi dan sosialisi dapat diberikan kepada ibu hamil agar menjadi suatu kebiasaan.



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INTRODUCTION

Pregnancy is a natural phase that a woman goes through. It is a very specific and complex period in women's life (Bergbom et al., 2017). There's been a lot of change during this phase. From physical changes, like body shape, to psychological changes like stress, anxiety, and depression (Bielica et al., 2018; Hasanjanzadeh & Faramarzi, 2017; Traylor et 2020). Every expectant mother al.. feels psychological ambivalence, emotional problems, frequent mood swings from tiredness to exaltation, and/or mixed anxiety-depressive disorder to varying degrees. Through this time, the focus of the health care of the pregnant mother has been dominated by the resolution of physical problems, while still paying very little attention to the psychological condition of the mother during pregnancy (Govender et al., 2020). In fact, there have been many studies that showed the impact of psychological problems such as anxiety on the health of mothers and fetuses. Mother who is experiencing anxiety or stress will influence the hypothalamus to stimulate the endocrine glands that regulate the pituitary gland (Valsamakis et al., 2019). This reaction leads to increased production of hormones that affect most body organs such as heartbeat, rapid pulse and breathing, excessive sweating, etc. (Niko, 2018).

Research indicates that anxiety was more common in pregnant mothers (292%) than in postpartum mothers (16.5%). Between 15 and 2 percent of pregnant women are thought to have anxiety, which is impacted by a higher risk for both the mother and the unborn child. In wealthy countries, the prevalence of anxiety among expectant moms is considered to be between 7 and 20 percent; in developing countries, the figure is estimated to be 20 percent or higher. In the third trimester, 28.7% of pregnant women in Indonesia report feeling anxious (Siregar et al, 2021).

The effects of anxiety during pregnancy include postpartum depression, premature delivery, caesarean surgery, separation anxious disorder and behavioral disorders in children (baby blues) (Grigoriadis et al. 2018; Hoyer et al., 2020). A study conducted by Yang et al. (2017) in China found that depression and anxiety in pregnant mothers in the third trimester were significantly linked to the risk of birth weight. (BBLR). Anxiety can arise from anxiety about the birth to be done and preparing for all the needs of the baby (Bingan, 2019). Thus, it is needed to solved the anxiety problem among pregnant women.

The level of anxiety in pregnant mothers can be minimized using non-pharmacological intervention. Some examples of non-pharmacological actions that can reduce anxiety and provide comfort to pregnant women are prenatal gentle yoga, dhikr therapy, aromatherapy, touch therapy and so on (Bakri et al., 2021; Istikomah et al., 2024; Song & Yang, 2022). Prenatal gentle voga can influence the hypothalamus to suppress the secretion of CRH (Corticotropin releasing hormone) which will affect the pituitary gland of the anterior lobe to inhibit the production of the hormone ACTH (adrenocorticotrophic hormone), so that adrenal hormone and cortisol production decreases, as well as ordering the anterior lobular hypophysis to release endorphin (Maharani & Hayati, 2020). The American College of Obstetrics and Gynecologists suggests that during pregnancy, women should exercise 30 minutes a day with moderate-intensity physical activity, but if they are not able to do it every day of the week, it is recommended to choose a few days a week (Ekajayanti et al., 2021). In addition to Prenatal Gentle Yoga, other nonpharmacological actions that can lower the level of anxiety are dhikr therapy.

Dhikr is one of the methods used by a servant to get closer to his Lord. Therapy dhikr has a very effective function in reducing anxiety levels of a person, because in the previous research studied by Fiari et al. (2023), Istikomah et al. (2024), Niko (2018), and Rahman (2020) with focus research influence of guidance *do'a* and dhikr on pre-operative patient anxieties has shown quite significant results, that dhikrs can give an effective influence in lowering pregnant mother's levels of anguish. Research about the combination of intervention about prenatal gentle yoga and dhikr for decrease the anxiety level were very limited. Thus, in this research aimed to analyzed the effectiveness of prenatal gentle yoga and dhikr to solve the anxiety level among pregnant women.

METHODS

This study was a quantitative research with quasy experimental pre and post design. The research was conducted at Kassi-Kassi primary health from June to July 2022. There were 25 pregnant women who were participants in this study were selected using an accidental sampling technique. Inclusion criteria were pregnant women who in second and third trimester without critically ill. Anxiety level was measured by PASS (The perinatal anxiety screening scale) which is a measurement of

Variables –	Primary Health Centre				
	Urban (n)	%	Mean	Min-max	
Age			29	(15-41)	
Gestational age			29	(20-39)	
Educational status					
Elementary School	1	3.8			
Junior High School	4	15.4			
Senior High School	15	57.7			
Bachelor	1	3.8			
Magister	5	19.2			
Paritas					
1	5	19.2			
2	6	23.1			
3	11	42.3			
4	2	7.7			
5	2	7.7			

 Table 1

 The Characteristics of Participants

pregnant women's levels of anxiety, whether mild, moderate or severe. This questionnaire contains 31 questions, one of which contains questions about the symptoms of anxiety that pregnant mothers feel. The four domains measured were Excessive Worry and Specific Fear, Perfectionism, Control and Trauma, Social Anxiety. The total score is 0-93, with the following classification: 0-20 is refered to as "no symptoms"; 21-41 is "mild-moderate anxiety" and 42-93 is "severe anxiety" (Somerville et al., 2014). Before conducting the research, the researcher would first need to explain the purpose of the research and ask the respondents if they are ready to take part in the research. Data were analyzed using SPSS ver 26 with Wilcoxon test for determining effectivity of intervention

RESULTS

Table 1 illustrates that the mean age of participants in urban area was 29 years, the youngest age is 15 years and the oldest is 41 years. Based on the level of education, the majority of pregnant women is in Senior High School with 15 people (57,7%). The average gestational age of the mother was 29 weeks in urban area. For parity, the majority of primiparous pregnant women were 11 people (42,3%).

Table 2 shows the mean value before theintervention was 28.69 and after the intervention20.81. The standard deviation value before theintervention was 7.604 and after the intervention was

Table 2 Eroquency Distribution of Anviety 8.551. Then the minimum score before the intervention was obtained a score of 15 and after the intervention a score of 10 was obtained, then the maximum score before the intervention was obtained a score of 46 and after the intervention a score of 40 was obtained. This showed a decrease before and after prenatal gentle yoga interventions and dhikr therapy in pregnant women in urban areas.

Table 3 shows a description of the anxiety level of pregnant women in urban areas before and after interventions. Based on the table above, it is known that the average anxiety level of pregnant women before the intervention is 8. Meanwhile, after the intervention it is known that the average anxiety level of pregnant women is 20. The test results used the paired T-Test to see the difference in the level of anxiety of pregnant women which showed significant results with a value of P-value = 0.000 with a significant level (<0.05). So, this shows that in this study there was a significant influence between anxiety levels before and after prenatal gentle yoga and dhikr therapy.

DISCUSSIONS

This study was conducted on 26 respondents with characteristics namely age, education, parity and gestational age. he results of this study showed that there was no relationship between age and anxiety of pregnant women. This means that the age of pregnant women both in the risk category (<20 years or <35) and the non-risk category (20-35 years) does

Frequency Distribution of Anxiety				
Anxiety Level	Mean	Std. Deviation	Min	Max
Pre	28.69	7.604	15	46
Post	20.81	8.551	10	40

Tabel 3 Anxiety Level Among Pregnant Women

Variabel	Mean (min-max)	P value
Anxiety level pre intervention	28(15-46)	
Anxiety level after intervention	20(10-40)	0.000

not have a significant influence on the anxiety level of pregnant women.

The results of this study are supported by research Muzayyanah & Saleh (2021) found that the age of pregnant women has no relationship with pregnant women's anxiety. Research has found that anxiety does not depend on the age of pregnant women so age is not a factor that affects anxiety for pregnant women. Whether a person matures or not is not only based on age. Some are still young but they are not ready to be mothers so they do not experience anxiety.

Based on research conducted Handayani (2015), shows that maternal age is one of the factors in the level of anxiety in pregnant women. Pregnancy of mothers with risky ages (<20 and <35) can be a cause of anxiety in mothers. As in the theory that states that pregnant women with an age at risk can occur disorders in the fetus or abnormalities so that it can cause anxiety to pregnant women, especially prigmigravida. Characteristics of gestational age, in this study the average gestational age of respondents is the third trimester gestational age. The researchers' assumption is that the more gestational age towards the delivery process, the anxiety in pregnant women will increase.

Education characteristics, in this study the majority of respondents with high school education levels, which is as many as 15 respondents. Based on research conducted Muzayyanah & Saleh (2021), shows that the level of education can influence a person in thinking and acting, people with higher education will find it easier to think rationally so that it is easy to solve problems and know how to do positive coping mechanisms.

The characteristics of parity, based on this study, the majority of respondents were in the multiparous category, which was as many as 19 respondents. Based on research conducted by Setiawati et al. (2022), there is a relationship between parity and the level of anxiety of III trimester pregnant women in facing childbirth. The experience of pain differs from one woman to another, as well as between the first delivery and subsequent deliveries in the same woman or in different women. With the approaching schedule of labor, especially in the first chapter, it is natural to feel anxious or afraid.

The results of the comparison of pre-test and post-test anxiety levels of pregnant women in urban areas, it was found that before prenatal gentle yoga and dhikr therapy were carried out, an average value of 28.69 was obtained. Meanwhile, after prenatal gentle yoga and dhikr therapy, an average score of 20.81 was obtained. The results showed that there was a decrease in anxiety levels after prenatal gentle yoga and dhikr therapy.

The results of this study are unidirectional and support various previous studies. Based on Niko (2018) research, it was found that relaxation training with dhikr to overcome the anxiety of the first pregnant woman. The result was that the group of subjects who followed relaxation therapy with dhikr experienced a significant decrease in anxiety at p =0.008, compared to the control group. This study shows that Relaxation Therapy with Dhikr can be used as one way to reduce maternal pregnancy anxiety. In addition, Khairiyah (2013) conducted an experimental study on the effect of dhikr therapy on increasing increased resilience in patients with low back pain. This study shows that dhikr can increase resilience in patients with low back pain.

Based on interviews with several pregnant women before prenatal gentle yoga interventions and dhikr therapy, respondents said that they had uncertain shadows about the labor process they would face later. There is a sense of uncertainty about the health condition of the fetus, and also feel that fear of the normal delivery process and whether the labor process will go safely and smoothly. Respondents also said that their physical condition is no longer as agile and comfortable as before, making respondents feel tired quickly and easily feel sore, especially in the waist.

Prenatal Gentle yoga pathophysiology, namely yoga movements can affect the hypothalamus to suppress the secretion of CRH (Corticotropin releasing hormone) which will affect the pituitary gland of the anterior lobe to suppress the production of ACTH hormone (adrenocorticotropic hormone) so that the production of adrenal hormones and cortisol decreases and instructs the anterior lobe pituitary gland to secrete endorphin hormone (Maharani & Hayati, 2020). During pregnancy, women should exercise 30 minutes every day with moderate intensity (moderate-intensity physical activity) but if they are unable to do every day per week then it is recommended to choose several days a week (Ekajayanti et al., 2021).

Based on the results of the study, the effect of prenatal gentle yoga and dhikr therapy on changes in the anxiety level of pregnant women decreased by using the paired T-Test test to see the difference in the anxiety level of pregnant women which showed significant results with a value of P-value = 0.000 with a significant level. So this shows that in this study there was a significant influence between anxiety levels before and after prenatal gentle yoga and dhikr therapy. This research is also in line with research conducted by Arsi et al. (2023), which shows that dhikr therapy has a significant effect on the anxiety of pregnant women. Through dhikr therapy, it is able to help heal someone or others.

This study is also in line with Maharani & Hayati (2020) research with the results of the study: There is a significant influence of prenatal gentle yoga on the anxiety of pregnant women in facing childbirth. The decrease in the level of anxiety of pregnant women in the face of childbirth before and after prenatal gentle yoga is influenced by the ability of pregnant women to control anxiety obtained from regular prenatal yoga practice, because in prenatal yoga are taught relaxation techniques in the form of positive affirmations and the use of aromatherapy, breathing techniques and physical exercise.

So it can be concluded that prenatal gentle yoga can reduce anxiety levels in pregnant women. Through prenatal gentle yoga exercises, pregnant women have been given preparations, both physically and mentally, in the form of knowledge and techniques to reduce anxiety in the face of pregnancy to the delivery process (Bingan, 2019).

The researcher's assumption is that carrying out dhikr therapy is not only a medium for relaxation but also a medium for surrendering to Allah SWT and is a form of obedience to Him. As Allah SWT commands human beings to keep reciting dhikr. Allah says in QS. Al Ahzab/33:41-42 which translates: "O you who have believed, remember Allah with much remembrance. And exalt Him morning and afternoon."

Anxiety begins with thoughts that make pregnant women affraid, anxious, emotional, stressed and irritable. Therefore, pregnant women are advised to do prenatal gentle yoga and dhikr either after praying or after waking up because they must be active all the time and keep remembering Allah so that their hearts become peaceful. Allah also says in Q.S Ar-Ra'd/13:28 which translates:

> "Those who have believed and whose hearts are assured by the remembrance of Allah. Unquestionably, by the remembrance of Allah hearts are assured."

In tafsir al-Azhar explains that dhikr is remembering Allah through the heart. In this verse it is explained that people who always remember their Lord by praying are among those who are holy. In addition, by always remembrance, anxiety, despair, fear, and doubt will disappear. So as to make his heart peaceful, so that the heart will be calm, and there will be feelings that make his heart thuma'ninah, and he will avoid mental illness or mental illness.

The limitations of this research are the respondents lacked awareness that prenatal gentle yoga and dhikr therapy had many benefits for pregnancy, a lot of respondents dropped out for various reasons. The different jobs of each pregnant woman make it very difficult to find respondents.

CONCLUSIONS

It can be concluded that the combination of prenatal gentle yoga and dzikir is effective for pregnant women, in urban areas. Hopefully, this intervention can be further developed in society, especially in rural area, where in this research, it is less introduced in rural area. Prenatal gentle yoga and dzikir can be considered as hysical activities for pregnant women with gestational age of 20 weeks or more. With this kind of activities, pregnant woman can be more healthy during their pregnancy. It is hoped that this intervention can be carried out by pregnant women who experience anxiety during the second and third trimesters before giving birth as a form of non-pharmacological treatment. Meanwhile, it is hoped that future researchers can develop this research by connecting prenatal gentle voga with other aspects such as improving sleep quality, optimizing fetal position and dhikr as a form of inner calm.

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AUTHORS' CONTRIBUTIONS

Nurhidayah designed the study, wrote the manuscript, acquired and analyzed data. Nurul Fadhilah Gania acquired and analyzed data, Muthahharah enrolled participants, acquired the data and performed the field work. Hasnah formulated the concept and revised the manuscript. All authors read and approved the final manuscript

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COMPETING INTERESTS

The author(s) declare no potential conflict of interest with respect to the research, authorship, and/or publication of this article.

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