

## The relationship of yoga modified Melayu Deli music with anxiety in pregnant women at the Clinic Pratama Doa Ibu

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### ABSTRACT

Anxiety that occurs continuously in mothers, especially in the third trimester, can have a negative impact on the mother and fetus, both during and after childbirth. Where the impact of anxiety can affect the well-being of the fetus in the womb with breast milk increasing the risk of LBW (Low Birth Weight) and premature birth. Traditional music played with regular yoga movements has a good effect on stimulating fetal development. Can cause a positive response from the baby in the womb. The purpose of the study was to determine the relationship of Yoga Modification of Deli Malay Music with Anxiety in Pregnant Women at the Pratama Doa Ibu Clinic. The type of research used is Quasi Experiment with One Group Time Series Design approach. This research was conducted by the Doa Pratma Mother Clinic. The sample in this study were second and third trimester pregnant women with accidental sampling with a sample size of 32 respondents. The results showed that there was a relationship between Yoga Modification of Deli Malay Music with Anxiety in Pregnant Women at the Doa Ibu Pratama Clinic with a p value (0.000) <0.05. From the conclusion, it is found that there is a relationship between Yoga Modification of Malay Deli Music with Anxiety in Second and Third Trimester Pregnant Women at the Doa Ibu Primary Clinic in 2022.

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## INTRODUCTION

Anxiety is an unpleasant emotion that can be characterized by excessive worry, concern, and fear. Where there will be a sense of suspicion of danger that will threaten him or fantasies that might harm him. The word anxiety is used to describe maternal unpreparedness, maternal rejection, maternal physical changes, and lack of knowledge in mothers (Baroah et al., 2020; Putranti, 2021; Utomo & Sudjiwanati, 2018). Anxiety during pregnancy can be caused by the mother's ignorance of physical changes during pregnancy, such as fatigue, skin changes on the face and where this condition affects the mother's appearance. In addition, changes in body shape are getting bigger than usual. Mothers are afraid that their body shape cannot be like before pregnancy, and not all pregnant women are ready to accept their pregnancy either due to the consequences caused by their young children, not

wanting to get pregnant again, or maybe even because the economy is still lacking. Maternal anxiety is also related to the mother's lack of knowledge about the information obtained about pregnancy both from health workers and from family (Elvina et al., 2018; Naha & Handayani, 2018; Verawati et al., 2021).

Anxiety of pregnant women is the mother's reaction to physical changes that result in feelings of displeasure or discomfort, because these physical changes are considered by the mother to be dangerous, causing worry, and even considering this pregnancy threatens her life during her pregnancy. This anxiety is related to hormonal changes that cause pregnant women to tend to be easily anxious, restless and worried. Anxiety in pregnant women is often not handled properly so that it can have an impact on the health of pregnant women and the fetus in the womb (Nelsi et al., 2019; Pasinringi et al., 2021; Yanti, 2022).

Physical changes in pregnant women are weight gain, breast enlargement (feels fuller), hair becomes thicker and healthier, the skin of most pregnant women will experience stretch mark lines, especially in the abdomen and breasts, then also increases the risk of changing the shape of the back into lordosis, where this condition can cause discomfort and trigger the mother to become anxious to face the labor process (Rafika, 2018; Wulandari et al., 2019). Psychological changes in pregnant women are in the form of changes in attitude and emotions due to an increase in the hormones estrogen and progesterone which affect neurotransmitters (chemicals in the brain) which are able to regulate the mood of the mother, need more attention where the mother wants to be more cared for by her partner, more sensitive to stimuli (smell) felt by the mother through the nose with a slight unpleasant aroma can trigger her to feel nausea and vomiting, anxiety and fear if her weight cannot return to normal quickly even after giving birth, high anxiety (severe depression) such as feeling worthless, less interested in the world around, feeling guilty, restless, to be hit by prolonged sadness (Efrizal, 2021; Lusiana Gultom et al., 2018). Pregnant women who experience anxiety affecting behavior during pregnancy can result in a lack of food intake, affecting maternal rest, so that pregnant women are at risk of experiencing labor problems including miscarriage, premature birth, increased BP and preeclampsia where preeclampsia can result in death in the mother and fetus (Kasmiati, 2023; Tristanti & Khoirunnisa, 2019).

The characteristics of pregnant women are age, parity, education and family support that can affect maternal anxiety. The age of pregnant women who are less than 20 years old are not ready to become mothers and are still childish, then the age of mothers who step on 30 years or more in addition to maternal fertility problems are also more prone to anxiety. One's ability to respond to anxiety can be influenced by age. Good coping mechanisms are more widely applied by someone with age and mature thinking patterns compared to younger age groups (Ike et al., 2021; Rafidah & Safitri, 2021; Rinata & Andayani, 2018).

Pregnant women with primigravida parity are usually more likely to experience anxiety due to lack of experience due to the mother's inability to communicate to get information and still do not have an idea of what happens during childbirth and are often found to feel frightened because they often listen to stories about what will happen when the gestational age is getting closer to the time of delivery with a frightening imagined labor process while pregnant women with multigravida parity the majority already have an idea about pregnancy and the process of childbirth from previous pregnancies, so that when pregnant tend to be more mentally and psychologically prepared (Rinata & Andayani, 2018). Family support for labor preparation is something good in reducing maternal anxiety in the face of labor. With family support, pregnant women feel loved and get attention from those closest to them such as, paying attention to good nutritional intake for the mother, keeping the mother from lack of drinking (dehydration), inviting the mother to do ANC at least 4 times during pregnancy to health workers (nearest clinic), paying attention to the cleanliness of the house and smells that might interfere with the mother's comfort, being a mother's interlocutor to maintain emotional instability, warning her rest schedule, inviting physical activity (yoga), preparing funds for childbirth, then helping to prepare luggage to go to the nearest clinic in

preparation for childbirth (Ike et al., 2021; Rafidah & Safitri, 2021). Anxiety that occurs continuously in mothers, especially during the third trimester, can cause a negative impact on the mother and her fetus, both at the time of delivery, and after delivery. Where the impact of anxiety can affect the welfare of the fetus in the womb with breast milk increasing the risk of LBW (Low Birth Weight) and premature birth. This condition can be influenced by lifestyle, fulfillment of nutrition and poor maternal activities during pregnancy (Mubasyiroh & Aya, 2018; Novitasari et al., 2019).

In one study, it was stated that anxiety is a natural thing felt by pregnant women, especially for first-time mothers. However, it should also be noted that excessive anxiety in pregnant women that occurs continuously will have an impact on the fetus which will result in an increased risk of LBW and premature birth (Prasetyanti, 2022; Putranti, 2021). From the data obtained due to anxiety, the incidence of LBW in the province of East Java in 2019 was obtained as many as 22,204 babies from the many districts in the East Java region, Jember was ranked 1st for babies born with LBW, namely a total of 1,847, while in the same year the number of infant deaths in Jember was also the highest in East Java, namely 345 cases of babies who died. And in 2020 the LBW rate in infants in Jember increased to 1,908 babies and of these deaths caused by LBW as many as 104 babies. The number of maternal deaths in 2019 in the East Java Province area was 520 cases, and in Jember alone occupied the highest level, namely 47 cases of dead mothers. And there was an increase in 2020, namely 61 cases and the highest in East Java (Dewi, n.d.).

From the data above, one of the efforts given and carried out is by listening to music during pregnancy, because listening to music during pregnancy can provide various benefits for pregnant women. Hormonal changes experienced by pregnant women during pregnancy cause various complaints, including anxiety and unstable mood. By listening to music, pregnant women become more relaxed and calm in undergoing pregnancy, overcome complaints of sleeplessness, maintain blood pressure stability, and relieve pain during pregnancy. The rhythm in music is known to affect the mind and mood of everyone who listens to it, including pregnant women. Then the benefits of listening to music during pregnancy are also good for the fetus, where music can play a role in fetal brain development, help calm and make it sleep faster, and improve newborn reflexes (Mutmainah, 2019; Rahmah et al., 2022).

Scientists from the Marques institution in Barcelona investigated what type of music makes the fetus most comfortable and happy. In this study, 300 pregnant women with a gestational age of 18 to 38 weeks were involved as respondents and asked to listen to 15 types of music. Various types of music for pregnant women were heard including rock, pop, classical, and even traditional music. While the music was playing, researchers continued to observe fetal activity, especially the fetal mouth and tongue. The mouth and tongue turned out to be the fetal organs that moved the least during pregnancy, meaning that the movement of these two organs showed that the fetus enjoyed the sound stimulation provided. As a result, it turns out that classical music and traditional music are the most attractive to the fetus with a percentage of 84 and 79 percent. And fetal movements appear more often when both classical and traditional music are played. (Erinintyani Shabrina, 2021).

Classical music played with regular yoga movements has an influence on the development and growth of fetal memory. The child's ability to sort numbers is also influenced by classical music stimulation. Where classical music can make the fetus happier while in the womb. Examples of classical music are music from Mozart and Beethoven (Hidayatullah, 2020; Naja, 2018). Traditional music played with regular yoga movements has a good effect on stimulating fetal development. Can cause a positive response from the baby in the womb. With the response shown, it shows that traditional music can stimulate intelligence. Babies learn to communicate by responding to the music they listen to nearby. In the development of traditional music by adjusting the majority of the population in Langkat Regency, namely the community with the majority of Deli Malay, trying to explore the arts of their native culture. Deli Malay music is a genre of traditional music that originated and developed on the East Coast of Sumatra, Kalimantan, and the Melaya Peninsula. This music is usually sung by people from the Malay ethnic group accompanied by local Malay dances

such as offering dances at traditional parties, welcoming honored guests, and in religious activities. What is interesting about this music genre lies in its own characteristics for the Deli Malay tribe, namely by juxtaposing life and religion in the art of the color and style of Deli Malay, this can be seen from Maimun Palace and Al- Mashun Mosque which are one of the witnesses to the glory of the Deli Malay kingdom in North Sumatra. This study concludes that it is very important to recognize and preserve Deli Malay culture in this millennial generation (Laudra et al., 2021). This Malay Deli music has a melodious rhythm, there are rhythmic rhythms that are twisted or cengkok in the music soft, able to give the impression of relaxation for the listeners, touching the heart, for the majority of Malay music this music is more popular and able to provide an exciting song accompaniment (Laudra et al., 2021).

Based on the research above, the authors are interested in conducting a study entitled "The Relationship between Yoga Modification of Deli Malay Music with Anxiety in Pregnant Women.

## RESEARCH METHOD

### Type of Research

The type of research used in this study is One Group Time Series Design. This design uses only one group, namely the experimental group without a control group. Before being given treatment, the experimental group was first given a pretest and HARS questionnaire as a measure of anxiety, then given treatment (treatment) using an electronic module based on mobile learning and after that given a posttest. The following is a table of one group times series design in this study:

Table 1. One Group Time Series Design

PreTest	Treatment	Post Test
$O_1$	X	$O_2$

Description:

$O_1$  = Pretest score before treatment;

X = Treatment using electronic modules based on mobile learning-based electronic module;

$O_2$  = Posttest value after treatment.

### Place and Time of Research

The research location was at the Primary Clinic Doa Ibu Jl. Peace. This research was conducted from December 2021 to March 2022.

### Population and Sample

The population in this study were all pregnant women at the Pratama Do'a Ibu Clinic as many as 40 pregnant women. The samples used in this study were Trimester II and III pregnant women at the Pratama Doa Ibu Clinic, totaling 32 people.

### Data Collection Methods

(a). Results of Interviews conducted at the Doa Ibu Primary Clinic, (b). Medical record data to pregnant women at the Pratama Doa Ibu Clinic including patient data and patient gestational age, (c). Observation of pregnant women patients who will be studied, (d). Anxiety questionnaire to observe the level of pain before and after the intervention using Yoga Technique. Measured by a questionnaire derived from HARS (Hamilton Anxiety Rating Scale). HARS (Hamilton Anxiety Rating Scale) contains 15 statements with each question having different statement items. The form of statements that describe the tendency to experience anxiety, which is characterized by calculating the level of anxiety of no anxiety, mild anxiety, moderate anxiety, severe anxiety, severe anxiety / pull by determining the score value of the degree of anxiety. Respondents were asked to give a check list (√) on the answer that best suits the opinion of pregnant women both TM II & III. From a number of questionnaires that have met the requirements and can be used for research, then calculated and

the results are in the form of a degree assessment, namely: a. Scores <14 (no anxiety), b. 14-20 (mild anxiety), c. 21-27 (moderate anxiety), d. 28-41 (severe anxiety), e. 42-56 (very severe anxiety)

## RESULTS AND DISCUSSIONS

Table 1. Distribution of respondents based on respondent characteristics (n=32)

No.	Respondent Characteristics	F	%
1.	Age		
	<20 years old	0	0,0
	25-35 years old	27	84,4
	>35 years old	5	15,6
2.	Parity		
	Primigravida	18	56,3
	Multi	13	40,6
	Grandemulti	1	3,1
3.	Education		
	Elementary (SD-SMP)	8	25,0
	Secondary (SMA)	21	65,6
	Higher Education	3	9,4
4.	Family Support		
	Supported	32	100,0
	Not supported	0	0,0

Based on table 1 above, it can be seen that the majority of respondents aged 20-35 years with a healthy reproductive category as many as 27 people (84.4%). The majority of respondents' parity with the primigravida category was 18 people (56.3%). The majority of mothers' educational status is Intermediate (SMA) as many as 21 respondents (65.6%) and all pregnant women get support from their families, namely 32 people (100%).

Table 2. Frequency distribution of hars-scale anxiety intensity before and after the deli malay music modified yoga intervention

	Before ( <i>Pre</i> )		After ( <i>Post</i> )	
	F	%	F	%
No Anxiety	5	15,6	8	25,0
Mild Anxiety	7	21,9	19	59,4
Moderate Anxiety	17	53,1	5	15,6
Severe Anxiety	3	9,4	0	0,0
Severe Anxiety Very Severe	0	0,0	0	0,0
Totallt	32	100,0	32	100,0

Based on the table 2 above, it can be seen that the majority of anxiety intensity before the intervention was in the moderate anxiety category, namely 17 people (53.1%), and after the yoga intervention, the majority of the mild anxiety intensity category was 19 people (59.4%).

Table 3. Frequency distribution of hars-scale anxiety intensity before and after the deli malay music modified yoga intervention based on mother's parity

	Before ( <i>Pre</i> )		After ( <i>Post</i> )	
	F	%	F	%
Primigravida				
No anxiety	1	5,5	4	22,2
Mild Anxiety	2	11,1	10	55,5
Moderate Anxiety	13	72,2	4	22,2
Severe Anxiety	2	11,1	0	0,0
Very Severe Anxiety	0	0	0	0,0

Multi Gravida				
No anxiety	3	23,0	2	15,3
Mild Anxiety	5	38,4	9	69,2
Moderate Anxiety	4	30,7	2	15,3
Severe Anxiety	1	7,7	0	0,0
Very Severe Anxiety	0	0,0	0	0,0
Grande Multigravida				
No anxiety	1	100,0	1	100,0
Mild Anxiety	0	0,0	0	0,0
Moderate Anxiety	0	0,0	0	0,0
Severe Anxiety	0	0,0	0	0,0
Very Severe Anxiety	0	0,0	0	0,0

Based on the table 3 above, it can be seen that in primigravida mothers, the majority of anxiety intensity before the intervention was in the moderate anxiety category, namely 13 people (72.2%), and after yoga intervention, the majority of the mild anxiety intensity category was 10 people (55.5%). In Multigravida mothers, the majority of anxiety intensity before the intervention was in the mild anxiety category, namely 5 people (38.4%), and after being given yoga intervention, the majority of the mild anxiety intensity category was 9 people (69.2%). In all Grande Multigravida mothers, there was no anxiety at all, namely 1 person (100%).

Table 4. Wilcoxon test of anxiety intensity before and after intervention

	Before ( <i>Pre</i> )		After ( <i>Post</i> )	
	F	%	F	%
Primigravida				
No anxiety	1	5,5	4	22,2
Mild Anxiety	2	11,1	10	55,5
Moderate Anxiety	13	72,2	4	22,2
Severe Anxiety	2	11,1	0	0,0
Very Severe Anxiety	0	0	0	0,0
Multi Gravida				
No anxiety	3	23,0	2	15,3
Mild Anxiety	5	38,4	9	69,2
Moderate Anxiety	4	30,7	2	15,3
Severe Anxiety	1	7,7	0	0,0
Very Severe Anxiety	0	0,0	0	0,0
Grande Multigravida				
No anxiety	1	100,0	1	100,0
Mild Anxiety	0	0,0	0	0,0
Moderate Anxiety	0	0,0	0	0,0
Severe Anxiety	0	0,0	0	0,0
Very Severe Anxiety	0	0,0	0	0,0

Based on the table 4 above, it can be seen that in primigravida mothers, the majority of anxiety intensity before the intervention was in the moderate anxiety category, namely 13 people (72.2%), and after yoga intervention, the majority of the mild anxiety intensity category was 10 people (55.5%). In Multigravida mothers, the majority of anxiety intensity before the intervention was in the mild anxiety category, namely 5 people (38.4%), and after being given yoga intervention, the majority of the mild anxiety intensity category was 9 people (69.2%). In all Grande Multigravida mothers, there was no anxiety at all, namely 1 person (100%).

Table 5. Wilcoxon test of anxiety intensity before and after intervention

Kategori Kecemasan	Mean	SD	Min	Max	<i>P-value</i>
Sebelum Intervensi	20,66	4,89	11	29	0,00
Sesudah Intervensi	17,09	3,49	8	22	

Based on the table 5 above, it can be seen that the average intensity of anxiety before the intervention of yoga modified melayu deli music is 20.66 with moderate anxiety intensity category. Whereas after the intervention was given, the average anxiety intensity was 17.07 with a mild anxiety intensity category, so that there was a decrease in anxiety intensity by 3.59 points.

The Wilcoxon test resulted in a p value = 0.000 ( $\alpha < 0.05$ ), concluding that there was a statistically significant difference in anxiety intensity between before being given the intervention of yoga modified melayu deli music and after being given yoga with modified melayu deli music. It can be concluded that there is a decrease in the intensity of anxiety of pregnant women after being given yoga modified melayu deli music.

Table 6. Differences in changes in anxiety intensity before and after intervention

	N	Mean Rank	P
Mild Anxiety	19	12,37	0,008
Moderate Anxiety	5	13,00	

The mean rank of anxiety intensity in the post-intervention group with mild anxiety category was 12.37 and smaller than the mean rank of anxiety intensity in the pre-intervention group with moderate anxiety category, which was 13.00. In both groups, the difference in the average level of anxiety before and after the intervention was 0.63 points. So, it is concluded that there is a difference in anxiety in the group before and after the intervention of yoga modification of Malay deli music in second and third trimester pregnant women.

The Mann Whitney test results obtained a value of  $P = 0.008$  ( $\alpha < 0.05$ ). So, it is concluded that there is a difference in changes in anxiety before and after being given a yoga intervention modified Malay deli music.

## Discussion

### Anxiety Intensity Before and After Providing Yoga Intervention Modified Deli Malay Music

Anxiety or anxiety is a state of tension. A tension can arise from feelings of worry, fear, pressure, upset, nervousness, anxiety and confusion experienced by the mother. These feelings can interfere or cause discomfort for the mother in the face of labor and if it continues until delivery it will affect the progress of labor. When a mother is afraid or anxious, the body will activate the flight response. This causes an increase in adrenaline production. The heart begins to beat faster, breathing becomes faster, muscles tense, blood pressure increases. During the pregnancy process, especially in Trimester III pregnancy, there are several signs that indicate that the mother cannot cope well with pregnancy, namely anxiety, panic, high-pitched vocalization, increased pain perception due to decreased endorphin production, slowing contractions due to decreased oxytocin production and fetal distress.

Based on the results of the research conducted, the intensity of anxiety of pregnant women in the second and third trimester before the intervention was in the category of moderate anxiety, namely 17 people (53.1%) and after the intervention was given a decrease in the intensity of anxiety with the majority category of mild anxiety, namely 19 people (59.4%).

But the level of anxiety is not completely reduced, where there are still 19 people (59.4%) with mild anxiety and 5 people (15.6%) with moderate anxiety. The contributing factors: the age of respondents who are more than 35 years old as many as 5 respondents (15.6%), the parity of respondents in primigravida 18 (56.3%) in this pregnancy the mother has no experience in facing labor and in mothers with multiple grande pregnancies there is 1 (3.1%) in this pregnancy of course the respondent will have difficulties in terms of economy, child education, and health. The respondent's level of education that can affect anxiety is the lack of response to something that comes both information and learning related to pregnancy and childbirth. Then family support that has not been maximized by involving the role of husband's fiber when doing yoga in pregnant women. Judging from the level of anxiety of the mother based on filling out the questionnaire, there are still

many experiencing anxiety, including pain in the waist, difficulty concentrating, difficulty sleeping, feeling weak, unable to hold urine, sweating easily, difficulty starting sleep, pain in genitalia, feeling tense and lethargic, restlessness and pain in the extremities, a sense of pressure in the chest and feeling short of breath. The frequency of performing yoga exercises is not optimal.

From the data above in accordance with the research of Rinata, E., & Andayani, G. A., (2018) which explains that the characteristics of pregnant women are age, parity, education and family support that can affect maternal anxiety. The age of pregnant women who are less than 20 years old are not ready to become mothers and are still childish, then the age of mothers who step on 30 years or more, in addition to fertility problems, mothers are also more prone to anxiety, besides that primigravida mothers are usually more likely to experience packaging due to lack of experience due to the inability of mothers to communicate to get information, pregnant women whose education is low have a risk of lack of knowledge in absorbing information related to pregnancy. Characteristics are developed again due to the mother's lack of understanding about childbirth due to information. And research by Febriati, L. D., Zakiyah, Z., & Audina, R. P., (2021) explains that the third trimester is the last stage of pregnancy which lasts from the 28th week until labor. This stage will test the mother more physically and emotionally than the previous stages of pregnancy. At this stage, changes in body shape are increasingly visible, as the abdomen increases in size. Body weight will also increase by about 9-13 kilograms. As a result of this weight gain, the back pain that you have felt since the previous trimester can become more severe. Mommy may even experience swelling of the legs. As the time of labor approaches, the fetus will grow bigger and bigger. This will make the uterus bigger and may press on the chest cavity. As a result, the mother may feel uncomfortable when breathing. Then the increasing size of the fetus can also make the mother feel pubic pain and press on the bladder, so that the mother will feel like urinating more often, the mother can also feel anxiety that is more severe than the previous stage of pregnancy. This anxiety can be triggered by fear of childbirth or doubts that the mother will not be able to be a good parent. Other symptoms that can appear during this third trimester include: feeling tired quickly, insomnia, leg cramps occur more often than before, breast discharge, dry and itchy skin, especially in the abdomen, varicose veins, decreased desire for sex, heartburn or a burning sensation in the chest and upper abdomen (solar plexus), voice changes, experiencing false contractions more often. In the research of Indrawati, S. K., Ns, M., Elfira, E., Ns, M. K., Yufdel, S. K., & Ns, M. K., (2021) mentioned that yoga is not done in TM I (first), because in this semester, most pregnant women will experience what is called morning sickness (recurrent nausea). Which can make the mother feel uncomfortable in doing activities. Yoga should ideally be done as early as possible and 1 or 2 times a week, with a duration of 30-60 minutes each time. This is to prevent injury and you can rest in the 2-3 day interval. However, if you are a beginner, you can reduce the duration. And if you do it more often, you will certainly get more benefits.

The results of the Wilcoxon test resulted in a p value = 0.000 ( $\alpha < 0.05$ ), concluding that there was a statistically significant difference in anxiety intensity between before being given the intervention of yoga modified melayu deli music and after being given yoga with modified melayu deli music. It can be concluded that there is a decrease in the intensity of anxiety of pregnant women after being given yoga modified melayu deli music. The results of this study are in accordance with research conducted by Rachmitha (2018), on the difference in the effectiveness of the duration of pregnancy Yoga on the intensity of Anxiety in facing Pregnancy in third trimester mothers. Rachmitha said that the intensity of anxiety of third trimester pregnant women at BPM Semarang who had been given yoga during pregnancy experienced a significant decrease ( $p = 0.000$ , and the mean value decreased from 8.8 to 7.7). Anxiety affects the process of pregnancy and childbirth smoothly and comfortably, especially in primigravida mothers, this is the first experience. Hutahaeon (2019) says that anxiety in pregnancy and childbirth is higher than anxiety and fear of labor pain in subsequent childbirth, this is because there are differences in the mechanism of opening

the cervix, namely in primipara ostium uteri internum will open first so that the cervix will flatten and thin. From a psychological point of view, primigravida mothers are generally anxious and afraid of facing labor, thus stimulating the body to release stressor hormones, namely the hormone Catecholamine and the hormone Adrenaline, as a result the uterus becomes increasingly tense, the flow of blood and oxygen into the uterine muscles decreases because the arteries shrink and narrow as a result of the inevitable pain. Mothers who have experience giving birth are able to respond to pain, give birth in a relaxed state, the muscle layers in the uterus will work together harmoniously so that labor will run smoothly, easily, and comfortably (Hermina, 2019).

One alternative method that can be used to increase comfort and reduce anxiety is prenatal yoga using modified melayu deli music. Prenatal yoga with modifications (yoga for pregnancy) is a modification of classical yoga that has been adapted to the physical condition of pregnant women who are carried out with a softer and slower intensity. Prenatal yoga has three important principles, namely mindful breathing, gentle and slow movements and relaxation and meditation. Deep and regular breathing is healing and calming. Through proper breathing techniques, the mother will be more in control of her mind, body and with relaxation and meditation, her whole body and mind will be relaxed, calm and peaceful. In the research mentioned that pranayama and relaxation have a significant positive effect in reducing anxiety.

Based on the results of research conducted by researchers, the method of providing modified yoga with melayu deli music with a duration of 2 times a week, given for 60 minutes has a very calming effect and can provide a comfortable relaxing effect on pregnant women in trimester II and III so that the muscles in the uterus will work together harmoniously so that the labor process will run smoothly, easily, and comfortably.

Other factors that influence anxiety are age, education level, parity and exercise history. Aktas, Songul & Kiymet also mentioned that sociodemographic factors can affect depression and anxiety in the face of childbirth. Age affects a person's psychology, the older the age the better the level of emotional maturity of a person. Safe pregnancy and childbirth is at a healthy reproductive age, which is 20-30 years. The age of pregnant women under 20 years or over 35 years is a high-risk pregnant age, so it can cause anxiety. The results of this study are in line with the research of Madhavanprabhakaran & Karkada (2019) which states that young age is a risk factor for anxiety in pregnancy. Research by Reeta, et al (2018) states that age > 35 years is associated with certain pregnancy-related risks and these risks cause anxiety in pregnant women.

Education also affects the anxiety experienced by pregnant women. Pregnant women with a high educational status tend to have a low level of anxiety because the higher the level of education of a person, the higher the level of knowledge obtained. Pregnant women with high educational status will seek information about pregnancy and childbirth that they will face. Respondents in the study who have a high level of education tend to have good knowledge and have a positive attitude in dealing with changes in each trimester of pregnancy. Pregnant women are very sensitive and fragile. Many fears arise about the dangers that might occur to the mother and her fetus. This unfounded fear may be caused by changes that occur in her body that she cannot seem to control and her life process changes and can no longer be controlled. This is when pregnant women need advice, encouragement, direction and help from those around them (Rukiah, 2018).

Parity is the number of births that the mother has experienced both live birth and stillbirth. The anxiety experienced by primiparous mothers is certainly different from multiparous mothers, because multiparous mothers already have previous childbirth experience. For primigravida, the pregnancy she is experiencing is the first time, so that the third trimester is felt increasingly worrying because it is getting closer to the delivery process. Mothers will tend to feel anxious about their pregnancy, feel restless, and fear facing labor, considering ignorance to be a supporting factor for anxiety. The results of this study are in line with research conducted by Zamriati (2018) which states that there is a significant relationship between parity and anxiety of pregnant women. Yanuari et al (2019) also stated that there is a relationship between parity and anxiety levels of pregnant women.

The results of his research also show that Primipara is the highest parity experiencing severe anxiety while multipara is the highest parity experiencing mild anxiety.

According to the researcher's assumption, the implementation of Yoga during pregnancy affects the intensity of anxiety of pregnant women in trimester II and III in facing pregnancy both physically and psychologically and the upcoming labor process. Mothers who are given the intervention of yoga implementation routinely and regularly, namely 2 times a week, experience a decrease in the intensity of anxiety before and after the implementation of yoga. Based on the research there was 1 mother with a high risk age with primigravida pregnancy experiencing a higher level of anxiety with severe anxiety categories than primigravida mothers with healthy reproductive age. Based on the results of the study, it was also found that 5 mothers still experienced anxiety in the moderate category, as for some factors that underlie the anxiety of these mothers are the age of the mother who is > 35 years as a risk factor in pregnancy and childbirth and economic factors to fulfill the needs during pregnancy and the process of childbirth later (mothers who do not work) and only get income from their husbands so that the intensity of maternal anxiety is difficult to control after being given the intervention.

#### **Frequency distribution of maternal behavior about pain management**

The results of research on the behavior of laboring mothers about pain management were generally 16.5% less, 59.4% sufficient and 23.3% good. Labor in general causes pain caused by stretching the muscles of the birth canal and pelvic bone stretching and pulling the ligament that supports the uterus during contractions, this condition affects the pain experienced by the mother. Various techniques can help reduce pain and even eliminate pain if the mother has knowledge during the 9 months of pregnancy about this pain management, but in this study this information was lacking and the mother only inhaled unstructured, for example breathing in and out strongly and even screaming.

Labor positions that are adjusted to the wishes of the mother can usually increase the comfort of the mother because the mother feels not forced so that the mother feels comfortable and relaxed so that oxygenation of the tissue is sufficient and can reduce pain. To accelerate the decline of the head and the opening of the birth canal the recommended position is by squatting. Some mothers for convenience choose the squatting position, in addition to accelerating the decline can also accelerate the opening, so that the pain experienced by the mother is shorter.

Maternal support during pregnancy is one way to reduce maternal fear and anxiety. Mothers who experience fear can cause muscle tension, which inhibits fetal penunuan and oxygenation which can cause increased pain. Labor assistants can reduce maternal anxiety by giving a light touch to the back area, praying for the mother according to religion and belief, giving praise and expressing words that give semnagt, such as strong mothers, healthy mothers, mothers are loved and so on. With this technique endorpin will be released which can block the pain experienced by the mother. In addition, the role of the companion is to massage the back during contractions by using the touch of the hand on the pelvis slowly by the labor companion. In addition, it can perform warm water compresses on the back area, the purpose of all this is to flex the muscles, increase blood flow and reduce pain response.

#### **Differences in Anxiety Intensity of Pregnant Women Before and After Intervention**

Prenatal Yoga has an effect on the intensity of anxiety in pregnant women as evidenced by the difference in the average intensity of anxiety of pregnant women as measured by the HARS questionnaire sheet containing 14 questions. Based on the results of the study, before the intervention the majority of anxiety with moderate anxiety category, namely 17 (53.1%) respondents, and after the intervention of the implementation of yoga anxiety mother decreased with a mild category, namely as many as 19 (59.4%). Based on the results of the Man-Whitney statistical test to determine the difference in the mean anxiety of pregnant women before and after the intervention, the results

showed a P-value = 0.008 ( $\alpha < 0.05$ ) with a mean rank difference in anxiety levels before and after as much as 0.63. This proves that yoga with modified melayu deli music has a strong significant level of 0.63 times in reducing the level of anxiety experienced by second and third trimester pregnant women.

The results of this study are in accordance with research conducted by Restiana (2017), on the effect of pregnancy yoga on changes in anxiety intensity in third trimester pregnancy ahead of labor in 8 respondents. Restiana said that the intensity of anxiety obtained the results that third trimester pregnant women who experienced severe anxiety in the Bergas Semarang Health Center working area who had been given prenatal yoga interventions experienced a significant decrease, ( $p = 0.000$ ) and the mean value decreased from 5.58 to 3.63.

Pregnancy yoga is one of the body practices that is known to have a calming effect. Research conducted on humans regarding the benefits of yoga for relaxation, anxiety, mood, and alertness on EEG (Electro Encephalo Gram) activity showed a decrease in anxiety, improvement in mood, and an increase in alpha and beta wave strength on the EEG indicating increased relaxation. It was also found that there was a significant increase in alpha wave power in the frontal region, indicating an increase in drowsiness. (Yamada, et al, 2018).

Jiang et al (2019) in their study stated that yoga is more effective than walking or standard prenatal exercises. Yoga shows that it can reduce the incidence of prenatal disorders, premature birth, pain and stress and improve interpersonal relationships with a p value ( $p < 0.05$ ). This is also in accordance with research conducted by Satyapriya et al (2018) on mothers who showed that yoga was more effective in reducing anxiety and depression in normal pregnancy compared to the control group. The average anxiety of the group given yoga decreased while in the control group it increased. Vijayalakshmi et al (2019) explain that when doing yoga movements, the hypothalamus will directly affect the autonomic nervous system, namely reducing sympathetic nerve activity and increasing parasympathetic nerve activity. Yoga will inhibit the increase in sympathetic nerves so that the hormones that cause body dysregulation can be reduced in number. The parasympathetic nervous system, which has the opposite work function to the sympathetic nerves, will slow down or weaken the work of the body's internal organs. The parasympathetic nervous system signals the adrenal medulla to affect the release of catecholamines, namely epineprin (adrenaline) and norepineprin (noradrenaline) into the bloodstream. As a result, there is a decrease in heart rate, breathing rhythm, blood pressure, muscle tension, metabolic rate, and production of hormones that cause anxiety or stress. Yoga also affects the hypothalamus to suppress the secretion of CRH which will affect the anterior lobe pituitary gland to suppress the release of the hormone ACTH so that the production of adrenal hormones and cortisol decreases and orders the anterior lobe pituitary gland to release the hormone endorpin (Streeter, 2018).

Based on the results of the research conducted, the intervention in this study was modified yoga with melayu deli music which was given 2 times a week for 60 minutes. The results in this study state that yoga has an effect in reducing the intensity of anxiety in pregnant women characterized by a decrease in the average value of anxiety intensity before and after the intervention is given as much as 0.63 times with a significance value (P-value = 0.008) or  $\alpha < 0.05$ .

According to the researcher's assumption, the application of yoga during pregnancy with regular implementation can provide a relaxing effect and a lower level of anxiety compared to mothers who do not perform yoga during pregnancy. Mothers who follow yoga must have a willingness from within themselves and the support of the family, if there is coercion then yoga will not be maximized. Before doing yoga, first given education about pregnancy and then shared about her pregnancy or anxiety she is facing in her current pregnancy. After completing yoga, relaxation is done to the mother so that the body feels relaxed and calm in the face of her pregnancy. Mothers who carry out yoga with the will and the support of the family will make the mother's stressor horom reduced and make the mother more relaxed in the implementation of yoga and can increase the hormone dopamine in the mother and make the mother more confident and can provide a pleasant

sensation effect both in memory and the function of the mother's motor system in passing her pregnancy, especially in trimesters II and III.

## CONCLUSION

Based on the results of research on the Relationship between Yoga Modification of Deli Malay Music with Anxiety in Pregnant Women at the Pratama Doa Ibu Clinic in 2022, the following conclusions can be drawn: (a). The results of the distribution of the characteristics of respondents based on the age category found that the majority of respondents' ages were in the healthy reproductive category, namely 20-35 years as many as 27 people (84.4%) and the majority of the mother's parity category was primigravida, namely 18 people (56.3%), the majority of maternal education was secondary (high school) as many as 21 people (65.6%) and all pregnant women received support from the family, namely 32 people (100%), (b). The frequency distribution of anxiety before the intervention the majority was in the moderate category, namely 17 people (53.1%) and after the intervention the majority of maternal anxiety was reduced and was in the mild anxiety category, namely 10 people (59.4%). The results of the Wilcoxon Test state that there is a Relationship between Yoga Modification of Deli Malay Music with Anxiety in Pregnant Women at the Pratama Do'a Ibu Clinic in 2022 with a significance value of  $p = 0.000$  or  $\alpha < 0.05$ , (c). The difference in the Mean rank value in the group before and after the intervention experienced a significant decrease with the moderate anxiety category in the pre-intervention period of 13.00 and the mild anxiety category in the post-intervention period of 12.37. There is a mean difference value before and after which is 0.63. The results of the Man Whitney test obtained a significance value that there was a difference in the average level of anxiety of pregnant women in trimester II and III before and after the intervention was  $P = 0.008$  or  $\alpha < 0.05$ . It is recommended for further researchers to conduct research that leads to the intensity of yoga, ideally adjusted to the schedule of trimester II until before delivery, so that maximum results are obtained, namely no anxiety in pregnant women.

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