

Effects of self-affirmation and positive visualization therapy for anxiety in 3rd-trimester pregnant women during the pandemic



Lailatul Khusnul Rizki^{1*}, Nur Masruroh¹, Esty Puji Rahayu¹

ABSTRACT

Introduction: Adaption is required in responding to changes that can overcome the community's physical and mental health concerns, particularly adaption of pregnant women in preparation for childbirth during COVID-19 to minimize maternal mortality in Indonesia. Pregnancy during a pandemic like this may increase the risk of anxiety disorders in pregnant women. As a result, every individual must have a positive affirmation.

Method: The purpose of this study is to learn more about the impact of self-affirmation and self-positive imagery on anxiety disorders in pregnant women during the COVID-19 pandemic. A quasi-experimental design was adopted in this investigation, comprising pre- and post-test groups. There are 52 people in the population. Sampling employs the Probability sampling approach in conjunction with simple random sampling. The intervention was performed four times. The respondent's degree of anxiety was assessed using the perinatal anxiety screening scale (PASS) questionnaire.

Result: According to the findings, the average anxiety level prior to the intervention was 35.59, and the average anxiety level after the session was 18.72. Implementing self-affirmation and positive visualization has a significant ($p = 0.000$) effect on anxiety.

Conclusion: During the pandemic, self-affirmation and positive imagery should be supplemented by a commitment to increasing positive thinking before to childbirth.

Keywords: Anxiety, Pregnant, Self Affirmation, Visualization.

Cite This Article: Rizki, L.K., Masruroh, N., Rahayu, E.P. 2023. Effects of self-affirmation and positive visualization therapy for anxiety in 3rd-trimester pregnant women during the pandemic. *Bali Medical Journal* 12(3): 2797-2800. DOI: 10.15562/bmj.v12i3.4378

¹Department of Midwifery, Faculty of Nursing and Midwifery, Universitas Nahdlatul Ulama Surabaya, Indonesia.

*Corresponding author:
Lailatul Khusnul Rizki;
Department of Midwifery, Faculty of Nursing and Midwifery, Universitas Nahdlatul Ulama Surabaya, Indonesia;
lailarizki91@unusa.ac.id

Received: 2023-04-18
Accepted: 2023-08-31
Published: 2023-09-21

INTRODUCTION

Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is a novel virus that can cause lung illness and death. The condition is more common in the elderly and people who have cardiologic, respiratory, renal, or metabolic problems. In comparison to non-pregnant women, SARS-CoV-2 infection may increase the risk of pneumonia in pregnant women. As of March 2020, there were over 180,000 verified COVID-19 cases worldwide, with over 7000 deaths. During an infectious disease outbreak, pregnant women and their fetuses are a high-risk group.¹ SARS-CoV infection in pregnant women has a 25% case fatality rate. Another consequence of COVID-19 infection in pregnant women is the rise of concerns about growth and development as well as newborn health. As a result, pregnant women require special care in

terms of prevention and diagnosis, and management.²

The COVID-19 pandemic has had a widespread impact on society. As a result of the pandemic, an increasing number of people are feeling apprehensive and even sad. The majority of mothers are likewise concerned. Corbett et al. (2020) discovered that 83.1% of women had concerns about their health since the COVID-19 pandemic, with pregnant women having an increase of more than 50.7%. These are 66.7% of pregnancy and 35% of infant care.³ According to other studies, most pregnant women are constantly concerned about their health and the fetus they are carrying.⁴ In general, the physiological and mechanical changes that occur during pregnancy make pregnant women more susceptible to infection, especially when the cardiorespiratory system is compromised, and promote the rapid onset of respiratory

failure. These psychological alterations can have an impact on pregnant women from treatment to the postpartum period.⁵

The COVID-19 pandemic has resulted in the development of various new procedures or guidelines for treating patients, including pregnant women and those about to give birth. The CDC recommends that pregnant women continue antenatal care, but check with a provider if possible, to prevent contact with other people who can cause coronavirus transmission. When it comes time to give birth, the mother will be screened using SARS-CoV-2 RT-PCR. This is done to avoid difficulties and viral transmission to the baby, mother, doctors, and nurses who assist in birthing. Mothers who are suspected or confirmed will be isolated from their infants for a short period of time, during which caretakers will mediate the nursing process and breast milk will be

retained by the mother.⁶

Pregnancy, childbirth, and postpartum are all stages of psychological illnesses in mothers, whether or not there is a pandemic. In addition to being vulnerable to viral transmission, this mental health issue can be aggravated by a lack of direct family and social support throughout pregnancy, labor, and postpartum. Although the pandemic and the implementation of screening for pregnant women are known to affect the mother's mental health, there are few reports or literacy that detail the relationship.⁷ Premature birth, low birth weight, reduced fetal growth, and postnatal problems have been linked to psychological illnesses during pregnancy in established literature. Furthermore, this psychological disorder is linked to the development of hypertension during pregnancy, known as preeclampsia.⁸

The issue of psychological illnesses during pregnancy, such as anxiety experienced by the mother, remains an important public health concern. As a result, it is critical to perform this study to learn more about the usefulness of self-affirmation and self-positive imagery in pregnant women suffering from anxiety disorders during the COVID-19 pandemic.

METHODS

Materials

The approach employed is a quasi-experimental quantitative study with a One-Group Pretest-Posttest design. This study included 52 pregnant women in their third trimester who were checked at health services. Sampling using the probability sampling approach with simple random sample. Sari Nurhayati's Independent Midwife Practice was the site of the study.

The Perinatal Anxiety Screening Scale (PASS) questionnaire will be administered before and after self-affirmation and self-positive imagery.

Data collection procedures

Data was acquired by dividing the sample into research groups and then administering an anxiety questionnaire to each group. After measuring their degree of anxiety, participants were given self-affirmation therapy and viewed videos that made them feel peaceful and at ease.

Respondents listened to and read positive affirmations produced by the researcher, then listened to and viewed movies that made them feel peaceful and at ease. The final stage is to administer an anxiety questionnaire to assess the amount of anxiety following treatment. After the data has been collected, it will be processed and analyzed.

Data analysis

The information was acquired straight from primary sources. Data was gathered by filling out observation sheets, which were then analyzed using univariate analysis by describing the frequency distribution and bivariate analysis by

utilizing the Wilcoxon test.

RESULTS

Research on "The Effectiveness of Self Affirmation and Positive Visualization on Anxiety Levels of Third Trimester Pregnant Women Facing Childbirth during the COVID-19 Pandemic" has been conducted in Sari Nurhayati's Independent Midwife Practice with 52 respondents.

Based on Table 1, it is known that most (50%) are between 20-35 years old, most (73.1%) of their last education is in high school, and most (61.6%) of parity are multigravida.

Based on Table 2, the level of anxiety before the intervention (44.2%) in the category of severe anxiety, While the anxiety level after the intervention was almost entirely (69.2%) in the category of mild anxiety level.

Based on Table 3, The results of statistical tests using the Wilcoxon test obtained the Asymp results Sig (2-tailed) 0.000, where the value is $< (\alpha=0.05)$, meaning that there is a significant difference between the level of anxiety before the intervention and after the intervention using self-affirmation

Table 1. Distribution of Age, Education, and Parity

Variable	Frequency (n)	Percentage (%)
Age		
<20 th	8	15.4
20 – 35 th	26	50
>35 th	18	34,6
Education		
SMA	38	73.1
Undergraduate	14	26.9
Parity		
Primigravida	20	38.4
Multigravida	32	61.6

(Source: Primary Data, 2021)

Table 2. Distribution of anxiety level before and after intervention

Variable	Category	Frequency (n)	(%)	Minimum	Maximum
Before education	Mild	9	17.3	43	89
	Moderate	20	38.5		
	Severe	23	44.2		
Total		52	100		
After education	Mild	36	69.2	19	68
	Moderate	11	21.2		
	Severe	5	9.6		
Total		52	100		

(Source: Primary Data, 2021)

Table 3. The effectiveness of self-affirmation and positive visualization on anxiety levels

Variable	mean	SD	Asymp. Sig (2tailed)
Before	35.59	10.72	0.000
After	18.72	8.57	

(flashcard media) positive visualization (pictures and videos).

DISCUSSION

Distribution of anxiety levels facing childbirth during the pandemic before education using self affirmation and positive visualization

This study discovered that the majority of third-trimester pregnant women reported acute anxiety before intervention. Anxiety is influenced by a number of factors, including maternal age, understanding of childbirth, parity, and antenatal care.⁹

Because of the COVID-19 pandemic, anxiety is a concern for everyone, especially pregnant women. During the COVID-19 pandemic, the mother's preparation factor for birthing went incorrect. One consequence of mothers who are anxious.¹⁰ This is because the mother is very concerned about the fetus's state after birth, a viral disease that would infect Corona and negatively damage the baby's health. This Coronavirus spreads quickly and has a bad impact on the patient's health. However, there are several ways to prevent the virus from spreading. Mothers must realize that they are pregnant during the spread of COVID-19 in order to accurately grasp that the virus can be avoided by taking a few precautions. One approach to avoid this is to wash your hands often and to wear a mask.

Pregnant women have a poor awareness of how to prevent COVID-19 infection during pregnancy, owing to widespread misinformation about COVID-19 transmission, treatment, and prevention.¹¹ It also becomes one of the factors that pregnant women worry about.

Distribution of anxiety levels facing childbirth during the pandemic after education using self-affirmation and positive visualization

This study found that most of the 3rd trimester pregnant women had anxiety after intervention in the mild category. This is thought to decrease pregnant women's

anxiety levels after the intervention using self-affirmation and positive visualization. A previous study by Dunkel Schtter states that social support is important for physical well-being, especially when someone takes responsibility and new roles during pregnancy.¹² Good social relations then directly mental health will encourage positive health behaviors, increase positive feelings and improve the regulation of emotions and indirectly reduce taste anxiety in pregnant women.¹³ Several researchers say that the effect of self-isolation in an internally functioning family is increasing, including social support from family members who support each other when in need. Very important right now to carry out early interventions to promote healthy family functioning. Congratulations, the pandemic is still there, so you can suppress everyone's anxiety experience, including pregnant women.²

According to Lebel et al. 2020, the threat of COVID-19 on maternal and fetal health is a factor that affects pregnant women's anxiety. The threat is that what is meant is COVID-19, which is very easy to transmit the virus to everyone, including pregnant women who are included in the at-risk group. The threat of death caused by the virus is also a trigger for pregnant women's anxiety factors. It is known that pregnant women who experience Severe levels of depression can disturb the health of the mother and fetus. The other has an impact on miscarriage or premature birth.¹⁴

Poon et al., in 2020 said physical activity is also related to anxiety in pregnant women. The COVID-19 pandemic impacted physical activity limitations such as the closure of parks, beaches and fitness centers. Pregnant women need to do physical activity or activity such as jogging every morning to help reduce tension in the back and joints. Calming and enhancing sleep quality reduce the risk of diabetes mellitus and hypertension. Pregnant women who do activities

without being limited will affect feelings of pleasure and positivity to reduce anxiety experienced.²

Some people get bored with self-isolation. Activities/routines carried out daily are the same, including the pregnant women group. That matter the possibility of someone experiencing stress symptoms. When this happens to a pregnant mom, it will increase the risk of premature birth and depression postpartum. Symptoms that appear in the patient have impacted anxiety on the patient's sleep pattern, especially in physical conditions and various patterns of interaction limited in suppressing the spread of the virus.⁶

The effectiveness of self-affirmation and positive visualization on the level of maternal anxiety in dealing with labor during the pandemic

The study's findings on the amount of anxiety of pregnant women dealing with labor during the pandemic utilizing self-affirmation and positive imagery. The Wilcoxon test findings show that the p-value is 0.000, where the value is less than 0.05, showing a significant difference in anxiety levels before and after the intervention. This study supports the findings of Rahayu et al. (2020), who found a significant difference in anxiety before and after intervention using flashcard media (p = 0.000).^{9,15-17}

The researcher believes that utilizing flashcards to provide affirmations has a significant impact on the mother's anxiety about delivering. With self-affirmation, mothers are more likely to respect themselves, resulting in fewer negative thoughts about childbirth during a pandemic. It is evident that all muscles flex during birth. This affirmation, if repeated from pregnancy till delivery, can help to lessen discomfort and anxiety during labor. Furthermore, if there is support from family and health professionals, as well as a comfortable delivery location, this anxiety will be reduced.

CONCLUSION

Most pregnant women are concerned about their own and their fetus's health. Several factors play a role in this. Among these are the mother's readiness to face childbirth, social support (family), the

threat of COVID-19 spread and impact, physical activity, health services, economic position, and concerns about COVID-19 and where to reside (number of proven COVID-19 cases tall). Observing the impact of anxiety experienced by pregnant women on pregnancy, fetal health, and infant care. Preventive, promotive, and curative development efforts must be made as a crucial step in providing health care for pregnant women during the COVID-19 pandemic. It can be inferred that self-affirmation and positive visualization can help to lessen pregnant anxiety.

ACKNOWLEDGMENT

Thank you to the research team and all respondents who have collaborated to complete this research. Thanks also to the Institute for Research and Community Service team at the University of Nahdlatul Ulama Surabaya for providing full support so that this research can be completed on time.

CONFLICT OF INTEREST

The authors reported no potential conflicts of interest.

ETHICAL CLEARANCE

The study received ethical approval from Universitas Nahdlatul Ulama Surabaya with number 067/EC/KEPK/UNUSA/2021.

FUNDINGS

This research used independent funds.

AUTHOR CONTRIBUTIONS

All authors work equally in doing this research and writing this research article. Similarly, contribute from the investigative

concepts, information acquisitions, information investigation, and factual studies, changing the paper until detailing the consideration comes about through publication.

REFERENCES

1. WHO, COVID-19 and pregnancy interim guidance. [Internet]. WHO. 2020. Available on: <https://cdn.who.int/media/docs/default-source/2021-dha-docs/update-on-who-interim-recommendations-on-c-19-vaccination-for-pregnant-and-lactating-women-70-.pdf>.
2. Poon, L. C. et al. Global interim guidance on coronavirus disease 2019 (COVID-19) during pregnancy and puerperium from FIGO and allied partners: Information for healthcare professionals. *International Journal of Gynecology and Obstetrics*. 2020; 149(3), pp. 273–286. doi: [10.1002/ijgo.13156](https://doi.org/10.1002/ijgo.13156).
3. Corbett, G. A. et al. Health anxiety and behavioural changes of pregnant women during the COVID-19 pandemic, *European Journal of Obstetrics and Gynecology and Reproductive Biology*. 2020; 249, pp. 96–97. doi: [10.1016/j.ejogrb.2020.04.022](https://doi.org/10.1016/j.ejogrb.2020.04.022).
4. Phoswa, W. N. and Khaliq, O. P. 'Is pregnancy a risk factor of COVID-19?', *European Journal of Obstetrics and Gynecology and Reproductive Biology*. Elsevier Ireland Ltd. 2019; pp. 4–8. doi: [10.1016/j.ejogrb.2020.06.058](https://doi.org/10.1016/j.ejogrb.2020.06.058).
5. Lim, L. M. et al. 'Special Report and pregnancy', *The American Journal of Obstetrics & Gynecology*. 2020; 222(6), pp. 521– 531. doi: [10.1016/j.ajog.2020.03.021](https://doi.org/10.1016/j.ajog.2020.03.021).
6. Cameron, E. E. et al. Maternal Psychological Distress & Mental Health Service Use During the COVID-19 Pandemic, *Journal of Affective Disorders*. 2020; (May). doi: [10.1016/j.jad.2020.07.081](https://doi.org/10.1016/j.jad.2020.07.081). Capobianco,
7. Berghella, V. Coronavirus disease 2019 (COVID-19): Pregnancy issues', *UpToDate*. 2020; pp. 1–22. Available at: https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-pregnancy-issues/print?search=coronavirus&source=search_result&selectedTitle=3~150&usage_type=default&display_rank=3.
8. Durankuş and Aksu. COVID-19 in pregnant women: A systematic review and meta- analysis. *European Journal of Obstetrics and Gynecology*

- and Reproductive Biology. Elsevier Ireland Ltd, 2020. doi: [10.1016/j.ejogrb.2020.07.006](https://doi.org/10.1016/j.ejogrb.2020.07.006).
9. Rahayu, E. P. et al. 'The Effect of Positive Affirmations to Anxiety Level and 2nd Stage of Labor Length', *STRADA Jurnal Ilmiah Kesehatan*. 2020; 9(2); pp. 900-905. Doi: [10.30994/sjik.v9i2.398](https://doi.org/10.30994/sjik.v9i2.398)
 10. Martins-Filho, P. R. et al. 'COVID-19 during pregnancy: Potential risk for neurodevelopmental disorders in neonates?', *European Journal of Obstetrics and Gynecology and Reproductive Biology*. 2020; Elsevier Ireland Ltd, 250, pp. 255–256. doi: [10.1016/j.ejogrb.2020.05.015](https://doi.org/10.1016/j.ejogrb.2020.05.015).
 11. Saputra D. 'Fenomena Informasi Palsu (Hoax) Pada Media Sosial di Tengah Pandemi COVID-19 dalam Perspektif Islam, Mau'idhoh Hasanah: Jurnal Dakwah dan Ilmu Komunikasi'. 2020; 2(1):1–10. P-ISSN: 2685-5305, E-ISSN: 2686-3790.
 12. Dunkel Schetter C, et al. 'Anxiety, Depression and Stress in Pregnancy: Implications for Mothers, Children, Research, and Practice. *Current Opinion of Psychiatry*. 2012; 25(2):141–8
 13. Giesbrecht GF, et al. 'The Buffering Effect of Social Support on Hypothalamic-Pituitary-Adrenal Axis Function during Pregnancy. *Psychosomatic Medicine*'. 2020; 75(9):856–862. DOI: [10.1097/PSY.0000000000000004](https://doi.org/10.1097/PSY.0000000000000004)
 14. Lebel, C. et al. 'Elevated depression and anxiety among pregnant individuals during the COVID-19 pandemic'. 2020; (July). doi: [10.31234/osf.io/gdhkt](https://doi.org/10.31234/osf.io/gdhkt).
 15. Dewi, A., Junaedi, F., Safaria, T., Supriyatningsih, S., Dewanto, I., & Dewi, D. T. K. (2021). COVID-19 Pandemic: Maternal Anxiety Increases During Pregnancy, Indonesia. *Bali Medical Journal*, 10(3), 1053–1057. <https://doi.org/10.15562/bmj.v10i3.2851>.
 16. Oktafia, R., Indriastuti, N. A., & Kusuma, A. N. (2021). Association between spiritual well-being and anxiety among high-risk pregnant women. *Bali Medical Journal*, 10(3), 1375–1378. <https://doi.org/10.15562/bmj.v10i3.3055>.
 17. Hidayat, A., Emila, O., Dewi, F. S. T., & Sumarni, S. (2021). Spiritual emotional freedom technique (SEFT) improved autonomic nervous activity in primipara. *Bali Medical Journal*, 10(1), 361–365. <https://doi.org/10.15562/bmj.v10i1.2178>.



This work is licensed under a Creative Commons Attribution