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Differences In The Level Of Psychological Distress In 3rd Trimester Pregnant Women Who Followed Prenatal Yoga And Didi Not Follow Prenatal Yoga At Pratama Anugrah Clinic Surabaya

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ABSTRACT

Background: Psychological distress is a negative state of mental health that can affect individuals directly or indirectly over time and in connection with other physical and mental health conditions. Psychological distress is associated with the third trimester of pregnancy, where there is an increase in the level of psychological distress facing the birth period and prenatal yoga is one stress release that can be used. The aim of the research was to analyze the differences of levels of psychological distress in third trimester pregnant women who participated in prenatal yoga and who did not participate in prenatal yoga at the Pratama Anugrah Clinic in Surabaya. This research was carried out sampling in the period March – April 2024.
Method: The research used an observational study design with a cross sectional approach. The research sample was pregnant women in the third trimester at the Pratama Anugrah Clinic in Surabaya who were taken using the total sampling method. The research instrument is a questionnaire that is distributed directly using paper. Research data was analyzed using the Independent Sample T-Test.
Results: It was found that pregnant women who took prenatal yoga had a low level of psychological distress with a score of <20 or did not experience stress as much as 40%, while pregnant women who did not take prenatal yoga had a mild level of psychological distress with a score of 20-24 as much as 40%, followed by severe stress. with a score ≥30 as much as 35%. Analysis of the Independent Sample T-Test test states that there is a difference in the level of psychological distress in third trimester pregnant women who took part in prenatal yoga and who did not take part in prenatal yoga with the (p value) = 0.011.
Conclusion: it can be concluded that there is a difference in the level of psychological distress in third trimester pregnant women who take part in prenatal yoga and those who do not take part in prenatal yoga.

Keywords: Prenatal Yoga, Psychological Distress, Pregnant Women

1. INTRODUCTION

Pregnancy is the period starting from conception until the birth of the fetus. The normal length of pregnancy is 280 days (40 weeks/9 months/7 days) calculated from the first quarter/trimester starting from conception until 3 months, 11 trimesters/2nd trimesters from the 4th month until 6 months, and the 3rd quarter/trimester from the 7th to the 9th month (Ministry of Health, 2019). During pregnancy, pregnant women experience significant physical and psychological changes in order to maintain and accommodate the developing fetus. (Tyastuti, 2016). Psychological changes during pregnancy include emotional changes, tending to be lazy, sensitive, easily jealous, and asking for more attention (Sulfianti et al., 2021). Even the thought of pregnancy can give rise to a lot of worry (psychological distress) about its course and outcome, and especially about the birth itself, which may be so strong that they acquire the characteristics of a phobia that may be a reason to avoid pregnancy (Idaningsih, 2021).

Psychological distress is a negative state of mental health that can affect an individual directly or indirectly all the time and has a connection with other physical and mental health conditions. Psychological distress is characterized by several attributes, including emotional changes, discomfort in communicating, and feelings of inability to deal with problems effectively. (Kereh & Rochmawati, 2022). The degree of psychological distress depends on the stressor or cause factor and how a person perceives a condition that is being experienced. (Hutapea & Mashoedi, 2019). Distress is a form of unpleasant subjective stress response, such as anxiety and depression. (Nabilah, 2022). Psychological distress can affect physical conditions such as a state without passion (exhaustion), as well as distractions in depression or anxiety and mild illnesses (such as headaches, stomach pains, and dizziness) in anxiety. (Wafiq, 2019).

In Indonesia, the prevalence of depression during pregnancy is 22.4%. The high prevalence can increase the risk of morbidity and maternal and child mortality, both during and after childbirth. (Atif, Lovell, & Rahman, 2015). According to Marsiwi (2019), there is a significant relationship between body image and prenatal distress because body image is a factor that affects prenatal stress. (Marsiwi & Anggraini, 2019). Mental disorders, including psychological distress, have been shown to be reduced or eliminated through physical exercise and need to be promoted. One of the recommended physical exercises is yoga because it is low-cost, easy to do, and very beneficial for physical and psychological fitness. (Noviyani et al., 2022).

Prenatal yoga, or yoga during pregnancy, is one of the modifications of hatha yoga that is adapted to the condition of the pregnant mother. The purpose of prenatal yoga is to prepare pregnant mothers physically, mentally, and spiritually for the process of childbirth. (Kristiningrum & Permayanti, 2022). Muscle stretching movements in prenatal yoga can minimize or even alleviate the discomfort that is often felt during pregnancy, such as heartburn, pain in the hips or ribs, cramps in the legs, or headaches. Besides, blood oxygen circulation depends on the condition of the body's muscles. Prenatal yoga is more effective in reducing anxiety and depression in normal pregnancies (Martila Cantika et al., 2022). Yoga can reduce stress, improve quality of life, self-efficacy in childbirth, interpersonal relationships, the function of the autonomic nervous system, give a sense of comfort, reduce or decrease birth pain, and shorten the duration of delivery. (Noviyani et al., 2022).

Based on the results and the above background, the researchers were interested in conducting research on the "difference in the level of psychological distress in pregnant mothers of the third trimester who followed prenatal yoga and not followed prenatal yoga at the Clinic of Pratama Anugrah Surabaya".

2. METHODS

This research is a quantitative study using an observational study design with a cross-

sectional approach. The sample was taken by pregnant women in the third trimester at the Clinic of Pratama Anugrah Surabaya using the total sampling method. Research instruments are questionnaires that are shared directly using paper. The research data was analyzed using the independent sample t-test.

3. RESULTS

Table 1. Distribution of the level of psychological distress of pregnant mothers Trimester III

Grade Psychological Distress of Pregnant Mother with Prenatal Yoga	Frequency (f)	Percentage (%)
No stress (score <20)	8	40.0
Light stress (score 20-24)	6	30.0
Stress is moderate (score 25-29)	4	20.0
Severe stress (score ≥30)	2	10.0
TOTAL	**20**	**100.0**
Grade Psychological Distress Pregnant mothers do not do Prenatal Yoga	**Frequency (f)**	**Percentage (%)**
No stress (score <20)	1	5.0
Light stress (score 20-24)	8	40.0
Moderate stress (score 25-29)	4	20.0
Severe stress (score ≥30)	7	35.0
TOTAL	**40**	**100.0**

Table 2 Distribution of results of the level of psychological distress in pregnant mothers category prenatal yoga

Prenatal yoga	Grade Psychological Distress Pregnant mothers								TOTAL	%	*p value*
	No stress		Light stress		Moderate stress		Severe stress				
	F	P	F	P	F	P	F	P			
Yes	8	40.00%	6	30.00%	4	20.00%	2	10.00%	20	100%	
No	1	5.00%	8	40.00%	4	20.00%	7	35.00%	20	100%	**0,011**
TOTAL	9	22.50%	14	35.00%	8	20.00%	9	22.50%	40	100%	

4. DISCUSSION

Based on table 1, the majority of pregnant mothers with prenatal yoga have a low level of psychological distress with a score <20 or no stress, as much as 40%, whereas pregnant women who do not follow prenatal yoga have a mild level of psychological distress at a score of 20–24, as well as 40%, followed by severe stress with a rating of ≥30, as many as 35%. Prenatal yoga can help pregnant mothers control their thoughts, desires, and reactions to stress. This prenatal yoga consists of three parts, including relaxation, posture adjustment, and breathing.

Some of the other prenatal benefits of yoga are the benefits to the mental and spiritual health of the mother. Prenatal gentle yoga is a self-help medium that will help the mother when feeling anxiety and fear during pregnancy. Using these breathing techniques in yoga can be beneficial to control emotions, negative thoughts within herself, anxieties, and doubts about herself during pregnancy, so it can improve inner peace, self-acceptance, and happiness as she passes through all the difficulties in the process of pregnancies and subsequent delivery. Prenatal yoga can be done every day with a duration of 60 minutes and can be performed throughout pregnancy, as long as there is no stretching of abdominal muscles, and is very safe to do to help the pregnant mother stay relaxed and comfortable (Aprilia, 2020).

Pregnant mothers who do not follow prenatal yoga have a mild rate of psychological distress with a score of 20–24, as much as 40%, followed by severe stress with a score of ≥30, as well as 35%. According to Turnip, dkk (2011),

psychological distress is an emotional suffering experienced by individuals of an inhibitory nature that can interfere with health and is generally indicated by two main tendencies, namely depression and anxiety.

Matthews (2007) states that psychological distress refers to a term that describes unpleasant subjective stress responses from stress, such as anxiety and depression. Psychological distresses are negative emotional conditions associated with depression and anxieties such as feeling afraid, threatened, frustrated, angry, and anxious. Increased prenatal anxiety and depression symptoms will increase the risk of postpartum depression, as well as prenatal infections and disease rates. (Rahman & Urbayatun, 2021).

Based on table 2 of the SPSS results, the obtained Asymp. Sig. (2-tailed) value in the Independent Sample T-Test test is 0.011. Since the Asympt. Seg. (2.-tailing) value is 0.011 < 0.05; then based on the decision-making basis, it can be understood that "There is a difference in the level of psychological distress in pregnant women of trimester III who followed prenatal yoga and did not follow Prenatal yoga".

This study aims to find out the difference in the level of psychological distress in pregnant mothers of the third trimester who followed Prenatal Yoga and not followed prenatal Yoga at the Clinic of Pratama Anugrah Surabaya. Sig (2-tailed) (p value) = 0.011 so it can be concluded that there is a difference in the level of psychological distress in pregnant mothers of trimester III who followed Prenatal Yoga and not followed prenatal Yoga in Clinic Pratama Anugrah Surabaya.

Based on the study of the influence of prenatal yoga on the psychological preparedness of pregnant mothers at Clinic Bidan Boru Sembiring village Panobasan district of West Angkola district Tapanuli South based on the results of the research showed that there is a significant influence between prenatal Yoga and the psychology of pregnancy mothers (P = 0.023). This study is in line with the study conducted by Ni Wayan (2018) on the impact of yoga pregnancies on pregnant women's psychology preparation is there Effect between pregnant mother's gymnastics on physical and psychological readiness in the face of childbirth $p = 0.00 < \alpha = 0.05$.

The study is also in line with the Ashari 2019 study that prenatal yoga exercises influence the psychological readiness of pregnant mothers with analyses with the Mann Whitney U Test showing significant results (p=0,000) between the intervention group and the control group at the end of the study. This study is in line with Khalajzadeh's research, which has shown that yoga exercises in the third trimester have a positive impact on women's psychological readiness.

Based on a study conducted by Riza et al (2020) in Banyumas that prenatal yoga is very effective against the reduction of severe anxiety. After the intervention no one experiences severe Anxiety, so there is a decrease of 100% when done routinely with a frequency of 2 times a week for 1 month with a duration of 60 minutes using the instrument HARS (Hamilton Anxiity Rating Scale). (Amalia,Rusmini, & Yuliani, 2020). Furthermore, research conducted by Larasati and Sumiatik suggests that there is a significant relationship between pregnant women doing yoga exercises with reduced anxiety during pregnancy.

This study is in line with a study by Cindy et al. (2022) that suggests that prenatal yoga is very effective in reducing anxiety in pregnancy in the third trimester. Based on the results of a study conducted by Lisa and Siti (2021) in Depok that prenental yoga is highly effective in decreasing anxiousness. After the intervention, the average anxiety score decreased by 22.15 when performed routinely twice a week using the HARS (Hamilton Anxiety Rating Scale) instrument. (Arlym & Pangarsi, 2021).

Research conducted by Ika et al. (2018) in Holy See states that prenatal yoga has an 83% effect in reducing anxiety when done regularly and gradually. (Yulianti, Respati, & Sudiyanto, 2018). Based on the results of previous research, in line with research conducted by Lisa Dkk (2017) in the UK that the benefits of prenatal yoga are to learn relaxation skills, experience improvements in physical health, strength, and flexibility, experience improved mental health or

mood, learn self-acceptance, learn to be more self-conscious or aware of their bodies, learn how to calm their minds so that they can reduce anxiety and even eliminate anxieties. (Uebelackera et al., 2017).

5. CONCLUSION

The psychological distress level of pregnant women who followed prenatal yoga was lower than that of pregnant mothers who did not follow prenatal yoga. Based on the results of a study conducted on 40 pregnant mother respondents in the third trimester related to the difference between the psychological distress level in pregnancy mothers in the III trimester who follow prenatal yoga and do not follow prenatal yoga, the Kessler Psychological Distresses Scale (K10) instrument obtained the asymptote value of Sig (2-tailed) (p-value) = 0.011, so it can be concluded that there is a difference in the level of psychologic distress in the pregnant mother in the 3rd trimester who follows prenatal yoga and does not follow prenatal yoga in the Clinic of Pratama Anugrah Surabaya.

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7. REFERENSI

Atif, N., Lovell, K., & Rahman, A. (2015). Maternal mental health: The missing "m" in the global maternal and child health agenda. Paper presented at the Seminars in perinatology.

Hutapea, C. D. A., & Mashoedi, S. F. M. (2019). Hubungan antara Optimisme dan Distres Psikologis pada Emerging Adults Miskin di DKI Jakarta. *Jurnal Ilmiah Psikologi MIND SET*, *10*(02), 87–103.

Idaningsih, A. (2021). *Psikologi kebidanan; Buku Penerbit Lovrinz*. LovRinz Publishing.

Kereh, H. F., & Rochmawati, E. (2022). Pengalaman Belajar Mahasiswa Keperawatan dalam Praktik Klinik. *Journal of Telenursing (JOTING)*, *4*(1), 279–288.

Kristiningrum, W., & Permayanti, H. (2022). Senam Yoga untuk Mengatasi Nyeri Punggung Ibu Hamil Trimester III Desa Pasekan Ambarawa Kab. Semarang. *Prosiding Seminar Nasional dan CFP Kebidanan Universitas Ngudi Waluyo*, *1*(2), 752–757. http://callforpaper.unw.ac.id/index.php/semnasdancfpbidanunw/article/view/241/157

Marsiwi, A. R., & Anggraini, G. P. (2019). BODY I MAGE DAN PRENATAL DISTRESS IBU HAMIL REMAJA DI WILAYAH KERJA PUSKESMAS CISEENG BOGOR. *Jurnal Keperawatan Dirgahayu (JKD)*, *1*(2), 43–48.

Martila Cantika, C., Veftisia, V., Ruth Sinaga, E., & Roshifah, R. (2022). Prenatal Yoga untuk Mengurangi Rasa Nyeri Ibu di Desa Rejosari Kabupaten Semarang. *Prosiding Seminar Nasional dan CFP Kebidanan Universitas Ngudi Waluyo*, *1*(1), 449–454.

Matthews, K. A., Gump, B. B., & Owens, J. F. (2001). Chronic stress influences cardiovascular and neuroendocrine responses during acute stress and recovery, especially in men. *Health Psychology*, *20*(6), 403.

Nabilah, A. (2022). *Pengaruh internalized misogyny terhadap psychological distress pada mahasiswi program S1 Fakultas Psikologi UIN Maulana Malik Ibrahim Malang*. Universitas Islam Negeri Maulana Malik Ibrahim.

Noviyani, F., Khayati, Y. N., Putri, A. N. S., & Pratiwi, R. (2022). Prenatal Gentle Yoga untuk Mempersiapkan Persalinan yang Lancar, Nyaman, dan Minim Trauma di Puskesmas Jetak. *Prosiding Seminar Nasional dan CFP Kebidanan Universitas Ngudi Waluyo*, *1*(1), 79–83.

Rahman, A., & Urbayatun, S. (2021). Kesehatan Mental Ibu Hamil Sebagai Dampak Pandemi Covid-19: Kajian Literatur. *Healthy Tadulako Journal (Jurnal Kesehatan Tadulako)*, *7*(2), 59–67.

Riza, E. B. (2020). Hubungan Pengetahuan Dan Dukungan Suami Dengan Kecemasan Ibu Hamil Trimester Iii Menghadapi Persalinan Pada Masa Pandemi Covid-19 Di Wilayah Kerja Puskesmas Berseri Pangkalan Kerinci. *Ensiklopedia of Journal*, *4*(2), 309–314. https://doi.org/10.33559/eoj.v4i2.1069

Sulfianti, S., Nardina, E. A., Hutabarat, J., Astuti, E. D., Muyassaroh, Y., Yuliani, D. R., Hapsari, W., Azizah, N., Hutomo, C. S., & Argahen, N. B. (2021). *Asuhan Kebidanan*

Pada Masa Nifas. Yayasan Kita Menulis.

Tyastuti, S. (2016). Asuhan Kebidanan Kehamilan. Jakarta: Pusdik SDM Kesehatan.

Wafiq, A. A. (2019). *Hubungan Antara Mindfulness Dengan Distres Psikologis Pada Penyandang Diabetes Melitus Tipe II* (hal. 40–43). UIN Sunan Ampel Surabaya.

Aprilia, W. (2020). Perkembangan pada masa prenatal dan kelahiran. Yaa Bunayya : Jurnal Pendidikan Anak Usia Dini

Amalia, R., Rusmini, R., & Yuliani, D. R. (2020). Prenatal Yoga Terhadap Tingkat Kecemasan Primigravida Trimester III. Kebidanan, Jurnal 2(1), Sains 29–34. https://doi.org/10.31983/jsk.v2i1.5788.