Utilization of Emotional Freedom Techniques (EFT) on Anxiety Levels in Primigravida Pregnant Women

Mardelia Astriani¹, Rara Sri Endang Pujiantuti², Suharyo Hadisaputro³

¹Semarang Health Polytechnic, Master of Midwifery Applied, Indonesia
², ³Lecturer of Semarang Health Polytechnic, Master of Applied Health, Indonesia

Abstract: Background: Anxiety in primigravida pregnant women is a psychological adaptation. If not handled properly will have an impact on the mother and fetus. Efforts have been made to Antenatal Care (ANC) examinations, but the efforts made are still not optimal, so there is a need for innovation therapy with the Emotional Freedom Techniques (EFT). Research Method: This type of research is quasi-experimental randomized control group pretest and post-test design. The total sample of 26 respondents. Data analysis using a paired test and Independent t-test. Results: EFT therapy to primigravida third-trimester pregnant women affects anxiety levels with a p-value of 0.000. The mean value of the intervention group was 18.69 and in the control group was 32.31. Conclusion: EFT therapy is given to third-trimester primigravida pregnant women affects anxiety levels.

Keywords: Primigravida Pregnant Women, EFT, Anxiety Level

1. Introduction

Anxiety is a change in psychological adaptation[1]. Concerns and anxiety in pregnant women if not handled properly will have an impact and influence on physical and psychological conditions both of mother and fetus. Pregnant women who suffer from stress and anxiety during the third trimester of pregnancy will experience an increased risk of genetic disorders, premature birth, and Weight Low Birth Body (LBW) [2].

At Antenatal Care Examination in Sweden for mothers with 35 weeks' gestation there were 24% had anxiety and 22% having a depression 22% [3], in Bangladesh 29% of pregnant women had symptoms of anxiety and 18% had depression [4], and in Indonesia Primigravida third trimester 33.93% experienced anxiety [5].

2. Literature Survey

Primigravida who are pregnant women for the first time tends to experience anxiety during their pregnancy, especially in the third trimester[6]. This anxiety is a change in the psychological adaptation that occurs because of a growing pregnancy. Anxiety felt by the mother such as fear of complications in the mother and fetus, fear of labor pain, fear of not being able to give birth normally, fear of perineal sutures, fear of bleeding, fear of her baby being born imperfectly, worries of not being able to care for her baby properly, and concerns about not being able to provide breast milk according to the baby's needs later. Increasing your psychological burden becomes more complex. This can cause problems for the state of fetal health and complications that accompany the birth process of the mother[7].

Concerns and anxiety in pregnant women if not handled properly will have an impact and influence on physical and psychological conditions, both on the mother and fetus because it will affect the hypothalamus to stimulate the endocrine glands that regulate the hypophysis gland[8]. This reaction causes the release of stress hormones including AdrenoCorticotropin Hormone (ACTH), Cortisol, Catecholamines, β-Endorphins, Growth Hormone (GH), Prolactin and Luteinizing Hormone (LH) / Follicle Stimulating Hormone (FSH). The release of these stress hormones results in systemic vasoconstriction, including vasa uteroplacental constriction which causes disruption of blood flow in the uterus, so that the flow of oxygen into the myometrium is disrupted and results in weak uterine muscle contractions and nutritional intake from mother to fetus is not optimal [9]. Stress affects the cell membrane, causing erythrocytes to contain a lot of fat and can cause blood flow that brings nutrients to the fetus to be not smooth[10].

Stress and anxiety control methods in psychotherapy are very important because they do not harm the mother or fetus, do not have allergic effects or drug effects. Many types of psychotherapy methods vary depending on the needs of both individuals and families such as supportive psychotherapy, re-educative psychotherapy, re-constructive psychotherapy, cognitive psychotherapy, psycho-dynamic psychotherapy, behavioural psychotherapy, family psychotherapy and psycho-religious therapy, cognitive intervention including relaxation. Some types of psychotherapy techniques as an effort to overcome anxiety include diaphragmatic breathing training techniques, Cognitive Behavioral Therapy (CBT), Hypnotherapy, Supportive Group Therapy (SGT), and Emotional Freedom Techniques (EFT) [11].

EFT is a therapy developed by Gary Craig for stress and anxiety management. EFT is a non-invasive action that uses tapping at the point of the body's meridian energy pathway, which will send fear of dampening the signal directly to the amygdala [12].
Ghamsari's research explains that stimulation at the tapping point of the meridian causes the production of endorphins, adrenaline, and cortisol. These hormones that regulate stress and psychological pressure. This change results in reduced pain, pulse frequency, anxiety, regulation of the autonomic nervous system, regulation of the respiratory system and forming a sense of calm in pregnant women[2].

EFT is effective as cognitive behavioural therapy and for patients with psychological disorders in the form of phobias, anxiety and stress disorders and patients with physical disorders, namely in patients with pain due to fibromyalgia and head injury shows that EFT can reduce salivary cortisol levels when stress occurs[13].

Stimulation at the tapping point of the meridian causes the production of endorphins, adrenaline and cortisol. These hormones that regulate stress and psychological. This change causes a reduction in pain, disorders, disorders, disorders of the autonomic system, regulation of the respiratory system and the formation of a sense of calm in pregnant women [14].

3. Methods/Approach

This type of research is a Quasy Experiment study with pretest and post-test design with control group design. The sample in this study was primigravidathird-trimester pregnant women who experienced anxiety taken by random sampling. The sample consisted of 26 respondents consisting of 13 respondents in the treatment group who were given EFT therapy for 14 days with a duration of 30 minutes/day and in the control group as many as 13 respondents. Measuring instrument using the DASS-42 modification questionnaire.

In this research, research ethics include inform consent, anonymity, confidentiality, and veracity[15]. Ethical approval has been obtained from the Health Research Ethics Committee of Health Polytechnic Semarang.

4. Results and Discussion

4.1 Characteristics of respondents

<table>
<thead>
<tr>
<th>Variable</th>
<th>Intervention</th>
<th>Control</th>
<th>p-value***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Mean±SD</td>
<td>26.23±1.833</td>
<td>24.92±1.935</td>
<td>0.681</td>
</tr>
<tr>
<td>Min±Max</td>
<td>23±29</td>
<td>23±29</td>
<td></td>
</tr>
<tr>
<td>Level of education</td>
<td>0%</td>
<td>0%</td>
<td>0.743</td>
</tr>
<tr>
<td>Basic</td>
<td>69.2%</td>
<td>30.8%</td>
<td></td>
</tr>
<tr>
<td>Middle</td>
<td>30.8%</td>
<td>69.2%</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1 illustrates the age of this study is 23-29 years. In the intervention group, the average age of respondents was 26 years, while in the control group the average age of respondents was 24 years.

Age 20-35 years is the safest age for pregnancy. Researchers took this age limit because the age group of 20-35 years is a healthy productive age and minimizes the high risk of various complications that can endanger pregnancy [16]. In this study, it was seen that age affected the level of anxiety of pregnant women. Mothers who have age above the mean have moderate levels of anxiety. A healthy pregnancy, both for mother and fetus, both physically and mentally, is expected. However, there is a possibility of problems in the process of pregnancy, so that the expectation of a healthy pregnancy is not always achieved. Pregnancy is a normal, not pathological process, but normal can be pathological. So that the respondent will have their own anxiety that is different for each respondent [17].

The level of education in the intervention group was middle by 69.2% and high by 30.8%. Whereas in the control group, basic education is 30.8% and high by 69.2%. The level of education is generally related to knowledge, but as technology advances, the freedom of respondents in obtaining information makes respondents more knowledgeable[18].

The mean value in the group given EFT therapy for 14 days was 13.16, with p-value 0.000 indicating that EFT therapy was very influential on the anxiety level of primigravida third-trimester pregnant women. In some respondents, the symptoms do not diminish but in the mother's body, there is a process of acceptance of physical and psychological changes that occur so that an adaptive attitude is formed[18]. Research by Deklava's, finding the results obtained from this study showed that there was a decrease in anxiety scores in the experimental group given group guidance using EFT therapy with the significant p-value of 0.001. These data show that this EFT therapy has a role in overcoming various physical and psychological problems, especially for the reduction of anxiety both in the form of anxiety and physical and psychological. So, this SEFT therapy can be applied to various fields and various problems especially pregnant women[19].

4.2 Level of Anxiety

Figure 1 shows a decrease in the mean score on anxiety levels in the respondents. The mean value of the intervention group was 18.69, while in the control group was 32.31.

Research by Yuniarsih’s, explains that this EFT has been successful and has an effect on decreasing maternal pain and anxiety. There was a decrease in anxiety from anxiety to mild anxiety as much as 60%, 30% reported anxiety was
gone. EFT therapy is able to reduce the level of anxiety of respondents made possible from achieving calm and receiving conditions. Mothers who can engage emotions fully are able to concentrate on the therapist will have a greater reduction in anxiety than mothers who are less able to involve their emotions at the time of intervention [20].

Feelings of calm and acceptance in EFT are analogous to forms of meditation. Meditation can cause physical and psychological changes in a person such as slowing breath, decreased heart rate, decreased blood pressure, increased peripheral circulation, decreased brain wave activity (increased alpha and beta waves) and decreased metabolic status. Positive emotional effects such as optimism, confidence, calmness, and peace can also be felt from this meditative condition. Psychologically based interventions are very appropriate to be very helpful in achieving these meditative conditions. Coupled with tapping that can stimulate the release of anti-stress hormones so that the anxiety level of respondents experienced a significant decrease [20].

EFT therapy affects physiological changes, such as lowering blood pressure, heart rate, reducing muscle tension, reducing ACTH (stress hormones), and reducing nausea. In holding the tune-in can bring someone from the condition of the beta brain (awake) to the Alpha condition (meditative) while the concerned remain aware and awake [21].

EFT is closely related to the parasympathetic nervous. If the sympathetic nervous system increases stimulation or stimulates body organs, increases heart rate and breathing, and causes constriction of peripheral blood vessels and enlargement of central blood vessels, then the parasympathetic nervous system stimulates the decrease in all functions raised by the sympathetic nervous system and increases all functions are inherited by the sympathetic nervous system[19].

5. Conclusion

EFT therapy given for 14 days affects the level of anxiety in primigravida third-trimester pregnant women.

6. Future Scope

Researchers cannot control the variety of time when giving the therapy to every respondent.

7. Other recommendations

The Palembang City Health Office is able to create policies or programs that support the development of holistic obstetrics with various therapies that are significantly beneficial for the health of pregnant women in the future. For the community, they can apply and implement the knowledge gained about maternal health during pregnancy and prepare for labour free from anxiety. For further researchers, can continue their research by researching the effect of this therapy on the fetus too.

References

Gynecol 2018; 490–494.


**Author Profile**

**Mardelia Astriani** received Amd., Kebat ‘Aisyiyah Health Science College Palembang in 2010, SST from SebelasMaret University Surakarta in 2012 And she is now studying at the Postgraduate Midwifery Master Program, Health Polytechnic Semarang, Indonesia to study applied midwifery.

**Rara Sri Endang Pujiastuti** received SKM, MNS and DR from Public Health Faculty Diponegoro University Semarang, Nursing Magister Science Prince Songkla University Thailand, and Doctoral Program Semarang State University in 2000, 2004, and 2015, she is now Lecturer at Health Polytechnic Semarang, Indonesia.

**Suharyo Hadisaputro** received Dr, Sp. PD- KPTI, DR, and Professor from Diponegoro University Semarang in 1981, 1990, and 1992, he is now as Professor and Lecturer at Health Polytechnic Semarang and Diponegoro University, Indonesia.