
Original Articles

SPIRITUAL APPROACH TO REDUCE ANXIETY IN PREGNANT MOTHER WITH LONG-STANDING BABY IN WANDANPURO VILLAGE: A CASE STUDY

Suhaelah Suhaelah¹, Ridhoyanti Hidayah^{1*}

¹ Nursing Department, Faculty of Medicine, Brawijaya University, Malang, East Java Province, Indonesia

Article history:

Received: December, 01, 2022

Accepted: January, 22, 2023

Correspondence:

Ridhoyanti Hidayah

Nursing Department, Faculty of
Medicine, Brawijaya University,
Malang, East Java Province,
IndonesiaEmail: ridhoyanti.fk@ub.ac.id**Keywords:***Anxiety, Latitudo Baby, Pregnant
Women, Spiritual Approach.***Page Number:** 121-129**Abstract**

Background: Pregnancy is a phase that causes many changes in a woman's life, from physical, psychological, hormonal, and social changes. Anxiety is a psychological manifestation that is commonly found in pregnant women. Pregnant women's anxiety because the baby lies transversely will increase the risk of umbilical cord prolapse during labor.

Objective: The purpose of this study was to determine the spiritual approach to reduce anxiety in pregnant mother with long-standing baby in Wandanpuro village.

Methods: The writing methodology uses the analytical method of nursing care with a descriptive design. The participants were pregnant women with anxiety due to the transverse position of the baby. History of previous deliveries: The client has usually given birth, with the baby being breech in the first delivery and coiling the umbilical cord in the second. The lack of socializing with the surrounding environment and husband involvement significantly causes anxiety, stress, and depression in pregnant women. The anxiety problem, in this case, was then followed up with nursing interventions according to the nurse's competence, namely an anxiety implementation strategy (SP) for clients and families in the form of spiritual activities.

Result: The most preferred therapy and considered most effective by clients for overcoming the anxiety of spiritual activities are regular worship, namely praying five times a day and routine dhikr after every prayer. The factor of faith has a broad and robust influence on health.

Conclusion: Spiritual support will form an adaptive coping mechanism for an event threatening the client's survival.

INTRODUCTION

Pregnancy for women is an event that involves many life changes, from physical, psychological, hormonal, social and so on. Therefore, pregnant women easily experience unstable moods such as stress, anxiety, frustration and even depression (Austin & Pearlstein, 2017). Pregnant women's health problem is one of the biggest public health challenges that are important to address. A healthy and intelligent generation can be born from the womb of a healthy and intelligent mother. Even so, until now, many pregnant women have experienced mental disorders. As much as 10% of the total population

of pregnant women in the world experience mental disorders, and this number continues to rise in various developing countries. Pregnant women can experience mental disorders due to the mother's inability to adapt to the many physical and psychological changes during pregnancy to external conditions such as economic crises and family support (Putri & Eryando, 2020).

A study shows that around 59.7% of women in the process of pregnancy are detected as showing symptoms of depression. Most women during pregnancy and showing symptoms of depression are women whose pregnancies are in the third trimester, with the number reaching 64.7%. Depression during pregnancy occurs due to various factors such as age, education, employment status, parity, and gestational age. However, the most significant factor in pregnancy depression is a history of depressive symptoms such as prolonged anxiety (Misrawati & Afiyanti, 2020). Anxiety is a psychological manifestation that is frequently found in pregnant women. Many factors can further exacerbate pregnant women's anxiety, such as the mother's lack of knowledge of dangerous signs of pregnancy, such as abnormalities in the location and position of the fetus in the form of a breech position and a latitude position (Li et al., 2020). This condition will increase the anxiety of pregnant women because the baby's transverse position will increase the risk of umbilical cord prolapse during labor (Lormans et al., 2021). Umbilical cord prolapse is a medical emergency that endangers the baby's safety in the womb. Umbilical cord prolapse makes condition in pregnant women with babies in the transverse position recommended for delivery by cesarean section (Cafasso & Sullivan, 2018).

Treatment of anxiety in nursing interventions is carried out using various methods, including relaxation therapy with deep breathing techniques, distraction techniques, 5-finger hypnosis, progressive muscle therapy, and spiritual activities. One of the interventions that have been widely applied and are known to be effective in reducing anxiety in pregnant women is spiritual activities in the form of a spiritual approach by practicing worship and getting closer to the Creator (Lormans et al., 2021). A pregnant woman who firmly believes that worshipping God Almighty is the best solution to gaining peace is known to have a lower level of anxiety than mothers with a common spiritual approach (Ruslinawati, 2017). Handling anxiety is essential to prevent bad conditions from happening to pregnant women and the fetus in their wombs. The adverse effects of severe anxiety on pregnant women are antenatal to postnatal depression. This condition will cause intrauterine growth retardation, premature birth, and low birth weight. Babies born to mothers showing symptoms of postnatal depression can also suffer from malnutrition and other health problems (Dadi et al., 2022). Nurses, in this case, play an important role as nursing care providers to pregnant women with anxiety. The principles of nursing action for anxiety problems include helping clients recognize their anxiety conditions and training clients to understand anxiety management with deep breathing relaxation techniques, distraction techniques, five-finger hypnosis, and spiritual activities (Keliat et al., 2019a).

METHODS

Study Design

The methodology for writing this final scientific paper uses the analytical method of nursing care with a descriptive design. The descriptive method is used to carry out systematic analysis and presentation, which can be easily understood, and conclusions are drawn.

Settings

This study was carried out within three days from 16 to August 18 2022 in the Bululawang work area.

Research subject

Participants in this final scientific work are pregnant women with anxiety nursing problems. The participant's residence is in the Bululawang work area, which is the practice area for professional mental nursing. Boundary characteristics of clients with anxiety problems are determined based on the Indonesian nursing standard guidelines (IDHS).

Instruments

The nursing care process, from assessment, diagnosis, nursing plan, and implementation to nursing evaluation. The tool used in writing this final scientific work was the nursing care format. The format of nursing care includes the format of maternity and psychiatric nursing care.

Data collection

Collecting data in this final scientific work uses various methods, including observation, question and answer and study documentation studies.

Data Analysis

Data analysis in this study using analytical methods of nursing care with descriptive approach.

Ethical Consideration

This research has been approved by Nursing Department, Faculty of Medicine, Brawijaya University, Malang.

RESULTS

The case discussed in this final scientific work is the pregnant woman with anxiety on behalf of Mrs Y due to the transverse lie fetus. Mrs Y is aged and lives in Wandanpuro Village, the Dau Health Centre working area. The review of Mrs Y was carried out on August 16, 2022, at the client's residence. Mrs Y's obstetric status is G3P2Ab0, and her current gestational age is 24 weeks. Mrs Y's first birth history was a normal delivery in 2012 by the Public Health Center midwife and the baby was healthy, even though she had experienced problems because the fetus was breech. Mrs Y's second birth history, namely a normal delivery in 2017 by the Public Health Center midwife, and the baby's condition was healthy, even though she had problems with the umbilical cord.

Mrs Y's medical diagnosis was G3P2Ab0 with a transverse fetal position. BB: 61 kg, TB: 159 cm, BMI: 2.97 kg/m² (overweight), LILA: 30 cm. Palpation: The baby lies in a transverse position with

the head palpable on the right and the buttocks on the left side of the mother's abdomen. Right side and buttocks on the left side of the mother's abdomen. Abnormal conditions on physical examination were found on the abdomen, namely the transverse location of the fetus, rest, and comfort. Mrs. Y had insomnia and easily awakened because the fetus was active at night. The data showed that Mrs Y often complained of nausea and vomiting which lead to lack of nutrition and fluids. The mental state showed that the client often afraid to think about the process of giving birth later because the last ultrasound test showed that the baby was in a transverse position. Other data found that the client looks pale, lethargic, weak, and often yawns.

The results of the self-ideal assessment indicated that the nursing problem is anxiety. This problem is raised based on data that the client is reluctant to talk about the future, which in this case is a risky delivery plan that is difficult to carry out normally because of the transverse position of the fetus. The results of the assessment on anxiety points related to client behavior showed Mrs. Y often avoided discussing birth plans, cognitive anxiety clients showed confusion every time they answered questions, affective anxiety clients showed tension and worry when discussing the condition of the fetus and birth plans. Mrs Y's coping mechanism is by harboring problems and finding solutions on her own. If Mrs Y has difficulty finding a solution, the client admits that she often keeps herself busy with household activities such as cooking, cleaning and others. Mrs Y's social relations condition is also limited to her husband and children. Mrs Y admits that most of her time is always busy caring for the house and her children. The worship activities that the client routinely carries out are praying 5 times a day, reciting the Koran at least 2 times a week and remembrance every time after praying 5 times. Based on the data obtained in the study, it can be concluded that Mrs Y has three nursing problems, including nausea, anxiety and sleep pattern disturbances.

The results of the assessment of anxiety levels using the PRAQ-R/R2 (Pregnancy-Related Anxiety Questionnaire-Revised) showed a total score of 37. The score means Mrs Y experienced severe anxiety (Huizink et al., 2016).

DISCUSSION

Mrs Y is currently 27 years old. This age is the age at which a woman has attained maturity, especially in terms of conceiving, because the age range of 20 to 35 years is included in the age range that is quite effective for women to experience the process of becoming pregnant. Besides having ready physical conditions, pregnant women of sufficient age will also have good mental readiness, so pregnant women usually avoid psychological problems during pregnancy (Ike, Putri & Fujiana, 2021). However, in Mrs. Y's case, the client experienced psychological problems in the form of anxiety as a result of the condition of the fetus that experienced an abnormal position, namely the transverse position, based on the results of ultrasound and also abdominal palpation, which showed the head was palpable on the right. The buttocks were on the left side of the mother's abdomen.

Then it was also known that Mrs Y's obstetric status was G3P2Ab0 with her current gestational age of 24 weeks. The obstetric status indicated that Mrs. Y was included in the multiparous mother category, which meant that Mrs. Y had a history of giving birth 2 or more times with live babies. Multiparous mothers will be physically and mentally prepared for pregnancy and delivery (Lowdermilk et al., 2015). However, it is also possible that multiparous mothers will experience physical and psychological problems during pregnancy. The emergence of physical and psychological problems in women during the pregnancy process causes the problems. The influence of many things can cause this condition, for example, the pregnant woman's age, history of previous births, family support, especially husbands and other external factors such as the economy (Wang et al., 2022). Mrs Y's first birth history was a normal delivery in 2012 by the Public Health Center midwife and the baby was healthy, even though she had experienced problems because the fetus was breech. Mrs. Y's second birth history, namely a normal delivery in 2017 by the Public Health Center midwife and the baby's condition was healthy, even though she had problems with the umbilical cord. Mrs. Y's experience of experiencing problems in previous deliveries in the form of a breech baby in her first pregnancy and twisting of the umbilical cord in her second pregnancy could also be a risk factor for the emergence of psychological problems in Mrs. Y in her current third pregnancy.

Mrs Y's social relations condition is also limited because most of her time is always busy caring for the house and her children. The client's husband works in the workshop from morning to evening, every Monday to Saturday. Mrs. Y had responsibility for cleaning and taking care of the home, looking after and dropping off and picking up his children from school. These activities could be a risk factor for the client experiencing psychological problems during pregnancy due to barriers to socializing with the surrounding environment and the lack of involvement of husbands in caring for children are factors that significantly cause stress, anxiety and depression in pregnant women (Wang et al., 2022). However, it is different from Panora, Lestari and Hidayah (2021) research which stated that there is no real connection between the husband's social support and the anxiety felt by women during the pregnancy process. There are many factors and support systems for pregnant women in an environment other than their husbands so the mother's anxiety can be handled properly.

The anxiety problems experienced by Mrs. Y were then followed up with nursing interventions according to the nurse's competence, namely by implementing anxiety implementation strategies (SP) for clients and families. After all these interventions were carried out, Mrs. Y admitted that relaxation techniques by taking deep breaths and spiritual activities were the most effective in reducing anxiety and making her feel calm and comfortable. Spirituality is a source of strength and hope that describes the relationship in the vertical dimension, namely between humans and their God. The divine relationship will regulate one's relationship with the Creator to bring a sense of calm, serenity, and inner comfort (Albano and Kendall PC, 2002).

Mrs Y's anxiety level is a category of severe anxiety based on an assessment with the PRAQ-R2 questionnaire. However, after being given nursing interventions with a spiritual approach, Mrs. Y's

anxiety decreased and improved to a moderate anxiety category. This change shows that the nurse's role is very influential on the patient's anxiety so that it can be overcome by meeting the patient's religious and spiritual needs. A spiritual approach helps prevent and reduce the adverse psychological effects of stressful situations (Kurniasih, Kurnia & Istiqomah, 2021). Craven and Himle's opinion, namely that nurses not only play a role in fulfilling the physical needs of their patients but are also required to have sensitivity to the spiritual needs of their patients when carrying out the process of providing nursing care (Yani, 2008).

Spiritual activity effectively reduces anxiety in high-risk pregnant women, such as Mrs. Y's latitude baby. A study states that spiritual well-being for high-risk pregnant women can calm and make a person feel peaceful or not anxious. Some activities that support the spiritual well-being of pregnant women include dhikr, prayer and preaching. Conditions of high spiritual well-being will make pregnant women feel that their lives are more meaningful and have definite goals in life. High spiritual well-being will impact pregnant women's strength and motivation in dealing with problems, so feelings of anxiety, prolonged sadness or depression will decrease (Oktafia, Azizah Indriastuti & Kusuma, 2021; Sanaeinasab et al., 2021).

Spiritual activities that Mrs. Y and her family routinely carry out include praying 5 times a day, reciting the Qur'an at least 2 times a week and making remembrances after every prayer. These various routine activities are mandatory worship and are highly recommended for Muslims to increase their faith and devotion to Allah SWT. This result follows the research of Bakara, Ibrahim and Sriati (2012), that this faith factor alone has a strong and widespread impact on the health of an individual's body. This factor is also involved in increasing life expectancy, reducing anxiety, anger, and depression, lowering blood pressure and increasing patient peace after surgery. It was found that there was a difference in the decrease in the level of anxiety that received spiritual guidance, where this spiritual guidance could result in increased motivation and health status related to anxiety in an individual.

This spiritual support is useful in forming an adaptive coping mechanism for an event threatening the patient's survival. The nurse's role has a good impact on the patient's physical and psychological to meet an individual's spiritual needs, which can make a safer feeling, and in the end, decrease anxiety. This spiritual need is created in patients who have developed their trust in nurses so that nurses understand the condition of these patients; also, their development is added to patients who carry out prayer rituals. Some families and nurses motivate their patients so that these patients become calmer and more comfortable (Darma, Rosmaharani and Nahariani, 2017).

An anxiety implementation strategy (SP) for the client's family was carried out with Mrs Y's husband. Nursing interventions were carried out on the third day by educating Mrs Y's husband about Mrs Y's anxiety condition due to the transverse fetal condition and encouraging her husband to care for and accompany Mrs Y while implementing anxiety management through spiritual activities. Involving husbands in care is very important for the mental health of pregnant women. The Edinburgh Depression Scale (EDS) shows that 42.9% of pregnant women with perinatal distress problems are caused by

relationship dissatisfaction with their husbands due to conflicts in the division of household tasks and childcare (Wulandari & Suryaningsih, 2022).

LIMITATION

There is no limitation on this study.

CONCLUSION

Spiritual support will form an adaptive coping mechanism for an event threatening the client's survival.

AUTHOR CONTRIBUTION

Suhaelah Suhaelah: Investigation, resources, and data duration.

Ridhoyanti Hidayah: Conceptualization, methodology, Writing-review and editing, supervision, visualization, and formal analysis.

ORCHID

Suhaelah Suhaelah : None.

Ridhoyanti Hidayah : None.

CONFLICT OF INTEREST

The author declares that the data published in the above manuscript have no conflict of interest with any part.

ACKNOWLEDGEMENT

I would like to express my deepest gratitude to the Bululawang work area, which is the practice area for professional mental nursing and the respondents that they help a lot for my successful research.

REFERENCE

- Albano, AM and Kendall PC (2002) 'Cognitive d Behavior Therapy for Children and Adolescents with Anxiety Disorder ed ', Clinic Research Advanced.
- Austin and Pearlstein (2017) 'Emotional health and wellbeing', Beyond Blue.
- Bakara, DM, Ibrahim, K. and Sriati, A. (2012) 'Effect of Spiritual Emotional Freedom Technique (SEFT) on Levels and Symptoms of Anxiety, Depression, and Stress in Patients with Acute Coronary Syndrome (ACS) Non Percutane ou 's Coronary Intervention s (PCI)'.

- Cafasso, J. and Sullivan, D. (2018) What Your Baby's Position in the Womb Mean, healthline. Available at: <https://www.healthline.com/health/pregnant/baby-positions-in-womb> (Accessed: 20 November 2022).
- Dadi, AF et al. (2022) 'Effect ed of perinatal depression on birth ed and infant health outcome: a systematic review and meta-analysis of observational studies from Africa ', *Archive d of Public Health*. BioMed Central Ltd. Available at: <https://doi.org/10.1186/s13690-022-00792-8>.
- Idaman , M. and Zaimy, S. (2021) *Technique Active Birth (Birth ball and hypnobirthing)*. Padang: Stikes Syedza Saintika.
- Rosmaharani , S. and Nahariani, P. (2017) The Correlation of Spiritual Need Fulfillment with Pre-Operative Patient 's Anxiety Level in Preoperative Patient's Anxiety Level. Available at: <https://journal.stikespemkabjombang.ac.id/index.php/jikep/article/download/109/105/317> (Accessed: 22 November 2022).
- Huizink, AC et al. (2016) ' Adaptation s of pregnancy anxiety questionnaire d –revise for all pregnant women and regards of parity: PRAQ-R2', *Archive of Women 's Mental Health*, 19(1), pp. 125–132. Available at: <https://doi.org/10.1007/s00737-015-0531-2>.
- Ike, Putri, TH and Fujiana, F. (2021) 'The Relationship between Family Support and the Anxiety Level of Pregnant Women in Carrying Out Antenatal Care (ANC) Visits during the COVID -19 Pandemic Period in Sagatani Village', *ProNers Journal*, 6. Available d at: <https://jurnal.untan.ac.id/index.php/jmkeperawatanFK/article/view/47999/75676589958>.
- Keliat, BA et al. (2019a) *Mental Nursing Care*. Jakarta: EGC.
- Keliat, BA et al. (2019b) *Mental Nursing Care*. Jakarta: EGC.
- Kurniasih, E., Kurnia, A. and Istiqomah, LF (2021) ' The Impact of Spiritual Therapy (Islam) on Reducing Anxiety Levels in Hemodialysis Patients', *Galuh Nursing Journal*, 3(1). Available at: <https://jurnal.unigal.ac.id/index.php/JKG/article/view/6584>.
- Li, C. et al. (2020) 'Role d of psychotherapy on antenatal anxiety, depression, and maternal quality of life d ', *Medicine Journal* [Preprint].
- Lormans, T. et al. (2021) 'Toward a socio-spiritual approach A mix-method s i systematic review on the social and spiritual need of patients in the palliative phase of their ilnes ', *Palliative d Medicine*. SAGE Publications Ltd, pp. 1071–1098. Available at: <https://doi.org/10.1177/02692163211010384>.
- Lowdermilk, D. et al. (2015) *Maternity and Women 's Health Care*. 11th edn. St. Louis: Elsevier. Available d at: <https://www.elsevier.com/book/maternity-and-wom an -health-care d /lowdermilk/978-0-323-16918-9> (Accesse: 21 April 2020).
- Misrawati and Afiyanti , Y. (2020) 'Antenatal depression and its associated factor among pregnant women in Jakarta, Indonesia', *Elsevier*, 30, pp. 96–101. Available at: <https://doi.org/10.1016/j.enfcli.2020.07.020>.

- Nurhidayah, S. and C, EB (2018) 'The Impact ed of Mix Method on Fetal Position Change in Brech Pregnant in Tegal Regency Independent Midwifery Practitioner", 2018, pp. 51–59. Available at: <https://doi.org/10.18502/cls.v4i4.2263>.
- Nursalam (2020) *Research Methodology in Nursing*, 5th edn. New York: Salemba Medika.
- Oktafia, R., Azizah Indriastuti, N. and Kusuma, AN (2021) 'Association between spiritual well-be and anxiety among high-risk pregnant women', *Bali Medical Journal*, 10(3), pp. 1375–1378. Available at: <https://doi.org/10.15562/bmj.v10i3.3055>.
- Panora, RA, Lestari, R. and Hidayah, R. (2021) ' The Relationship between Husband's Social Support and the Level of Anxiety of Pregnant Women During the Covid-19 Pandemic at the Kramatjati District Health Center, East Jakarta', Brawijaya University.
- PPNI (2016) *Indonesian Nursing Diagnosis Standards: Definitions and Diagnostic Indicators*. 1st edn. Jakarta: DPP PPNI.
- PPNI (2018a) *Indonesian Nursing Intervention Standards: Nursing Definitions and Actions*. 1st edn. Jakarta: DPP PPNI.
- PPNI (2018b) *Indonesian Nursing Outcome Standards: Definitions and Criteria for Nursing Outcomes*. 1st edn. Jakarta: DPP PPNI.
- Putri, RA and Eryando, T. (2020) 'The Impact of Antenatal Depression on Birth Outcomes: Systematic Review', *Disersita Journal*, 6(November), pp. 202–208. Available at: <https://doi.org/https://doi.org/10.31289/diversita.v6i2.4058>.
- Raidanti, Dina. and Mujianti, C. (2021) *Birth Ball*, Expertmedia Press. Malang: Expertmedia Press.
- Ruslinawati (2017) 'Correlation s of Spiritual Need in Pregnant Women with Intrapartum Anxiety Rate', *Caring Nursing Journal*, 1(1), pp. 1–5.
- Sanaeinasab, H. et al. (2021) ' A spiritual intervention to reduce stress, anxiety and depression in pregnant women: Randomized control trial', *Health Care for Women and International*, 42(12), pp. 1340–1357. Available at: <https://doi.org/10.1080/07399332.2020.1836643>.
- Sukyati, I. and Sari, IY (2017) ' Nursing Care for Mrs.W Post-Partum Actions for Cesarean Section for Latitude Latitude and Placenta Previa in the Delima Room of Pasar Rebo Hospital Jakarta', *Health Bulletin*, 1. Available at: <https://akper-pasarrebo.e-journal.id/nurs/article/view/23/3> (Accessed: 23 October 2022).
- Wang, S. et al. (2022) 'Factor Relate to Psychological Distress in Multiparous Women in the First Trimester: A Cross-Sectional Study', *The Journal of Nursing Research*, 30(3), pp. 1–9. Available at: <https://doi.org/https://doi.org/10.1097/jnr.000000000000485>.
- Wulandari, DI and Suryaningih, EK (2022) 'Journal Aisyah: Journal of Health Sciences: The Role of Husband Among the Mental Health of Pregnant Women: Scoping Review', *Journal Aisyah: Journal of Health Sciences*, 7(3), pp. 803–812. Available at: <https://doi.org/10.30604/jika.v7i3.1086>.
- Yani, A. (2008) *Mental Nursing Care*. Jakarta: EGC.

