

THE EFFECT OF WRITING THERAPY ON ANXIETY IN PREGNANT WOMEN IN THE WORKING AREA OF THE PAYUNG SEKAKI HEALTH CENTER PEKANBARU

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Abstract

Anxiety in pregnant women is a reaction to physical, emotional, and psychological changes that occur during pregnancy. Factors that cause anxiety in pregnant women are physical changes such as complaints of nausea and vomiting, dizziness, fatigue easily, changes in body shape. Primigravida women are prone to anxiety because of the lack of pregnancy experience. Anxiety in pregnancy, if not addressed as soon as possible, will have a negative impact and result in complications for the mother and fetus. Anxiety management can be done with non-pharmacological treatment, namely by doing writing therapy. The purpose of this study is to determine the effect of writing therapy on anxiety in pregnant women in the working area of the Payung Sekaki Health Center in Pekanbaru. The type of research used in the research is quantitative and quasi-experimental design research. The sampling technique used is non-probability sampling with a total sampling method of 16 respondents. The research was conducted on December 16 – December 28. The instrument used for the SOP for the implementation of the PASS (Perinatal Anxiety Screening Scale) writing therapy intervention was processed by a paired sample t test. The results of the study showed that there was a decrease in the anxiety value of respondents after writing therapy was carried out from the pretest 36.1250 and the posttest 21.1250, the results of the t-test obtained a p-value of 0.000 which means a p-value < 0.005, so that there was an effect of writing therapy on anxiety in pregnant women. The conclusion obtained was that there was a change in the average value of anxiety in pregnant women before and after the writing intervention was carried out. In conducting this research, it is hoped that they can use the right time so as to get more optimal results.

Keyword: Anxiety 1; Pregnant women 2; writing therapy 3.

INTRODUCTION

Pregnancy is a period that starts from conception to the birth of the fetus, normal pregnancy lasts for 280 days (40 weeks or 9 months 7 days)[1]. Pregnancy is a continuous process from conception to the beginning of childbirth, and this can cause physiological and psychological changes that occur during pregnancy [2]. During pregnancy causes several changes. There are three factors that affect pregnancy, namely physical factors, psychological factors and social, cultural and economic factors[3]. Anxiety in pregnant women is a reaction of pregnant women to changes in themselves and their environment that bring feelings of unhappiness or discomfort caused by the suspicion of threatening and dangerous dangers, in the face of the childbirth process[4]. Anxiety is more common in mothers who give birth for the first time than in mothers who give birth to many children. The first pregnancy of a woman is called primigravida, primigravida women are more prone to anxiety[5]. Primigravida are more susceptible to fear of childbirth because they have no previous childbirth experience[6]. Anxiety in pregnancy, if not addressed as soon as possible, will have a negative impact on the mother and fetus[7]. This fear of childbirth increases women's psychological susceptibility to

anxiety-related factors due to higher expectations of labor pain, lack of experience of motherhood, a new sense of life, and increased demands and responsibilities [11]. Mothers who have just given birth for the first time will feel heavier anxiety than mothers who give birth many times because it is the first time they feel and worry about taking care of a newborn [12]. The impact on the mother triggers uterine contractions resulting in miscarriage and depression. As a result of this condition, it can increase blood pressure so that it can trigger the occurrence of preeclampsia[8]. Several complications can arise due to anxiety disorders in pregnant women, including premature birth, Low Birth Weight (BBLR), fetal growth stunted / intrauterine Growth Restriction (IUGR), postpartum complications, gestational diabetes, and causing emotional disturbances in children after birth[9]. The management of anxiety in pregnant women can be in the form of pharmacological and non-pharmacological therapies [13]. The treatment of the type of pharmacology is 4 using drugs to reduce anxiety or anti-anxiety, but the use of these anti-anxiety drugs results in side effects, namely drowsiness, nausea, dizziness, diarrhea, hypotension, heart palpitations [14]. One of the non-pharmacological therapies is writing therapy or writing therapy is a therapy that requires patients to write their feelings on a piece of paper in the language they prefer. Writing therapy is also used to heal people who are experiencing psychological problems such as anxiety, stress, anxiety or depression. Expressive writing is a self-help method where people write deeply and meaningfully. Psychologists describe writing as a means to cleanse the mind of unpleasant experiences. This method can help patients who are unwilling or unable to talk to a psychologist or counselor[10]. There are five general goals aimed at writing therapy, namely the first to provide more understanding for the writer, the second to hone the writer's creativity because this therapy requires the writer to devote and express his heart in writing, the third is to strengthen interpersonal communication, so that he can recognize and understand himself, the fourth can reduce tension by expressing feelings, and the fifth increases the ability to face problems and hone skills adapt [15]. According to (Montazeri et al., 2020) report that writing therapy can significantly reduce anxiety in pregnant women. Many studies have shown the positive impact of writing down emotions on mental and physical health, such as reducing stress, anxiety and depression in primitive pregnant women [16].

RESEARCH METHODS

The type of research used is quantitative with Quasi Experimental research with a design of "one group pretest posttest" The pre stage will be given a PASS questionnaire (Perinatal Anxiety Screening Scale) after which it will be followed by intervention and then again posttested. This intervention was carried out for 20 minutes a day for 7 days.

RESEARCH RESULTS

The average anxiety score was obtained in the pre-test of writing therapy treatment, the average anxiety of pregnant women was 36.1250 with a standard deviation of 13.04288, and the standard error was 3.26072 with a minimum value of 19.00 and a maximum of 58.00. Then in the posttest, the average anxiety value in pregnant women was 21.1250 with a standard deviation of 8.58584, the standard error was 2.14646, the minimum value was 9.00 and the maximum was 41.00. This means that writing therapy has an effect on anxiety in pregnant women.

DISCUSSION

Anxiety in pregnant women is a reaction of pregnant women to changes in themselves and their environment that bring feelings of unhappiness or discomfort caused by the suspicion of threatening and dangerous dangers, in the face of the childbirth process. Anxiety in pregnant women, if not addressed, will have a bad impact on the mother and fetus which can cause complications such as preeclampsia, premature pregnancy, BBLR. One of the non-pharmacological therapies is recommended to be a safe alternative for pregnant women, one of which is writing therapy showing that there was an average decrease in anxiety in pregnant women before being given writing therapy 36.1250, a minimum value of 19.00 and a maximum value of 58.00, standard deviation of 13.042. After the administration of writing therapy, the result was 12.1250, a minimum value of 9.00 and a maximum value of 41.00, standard deviation of 8.58584.

CONCLUSION

After writing therapy was carried out for 7 days in 20 minutes on the 16 respondents, there was a decrease in anxiety. It can be concluded that writing therapy can reduce anxiety in pregnant women.

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