The Effect of Maryam, Self-Affirmation, and Antenatal Class of Coping Ability, and The Confidence of Labor in Pregnant Women

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Abstract

Background: Pregnant women tend to experience stress especially in the third trimester facing labor. There is a need for pregnant women to used midwifery care holistically because health is the harmony of the physical, mental, and soul. Aims: This research proves the effect of Maryam exercises, abdominal breathing, and self-affirmation on maternal coping abilities, and the belief of pregnant women in labor.

Settings and Designs: This study was an experimental design with a randomized pre-test post-test control group design. The study was conducted on 80 pregnant women who were divided into 4 groups with each group consisting of 20 pregnant women, Method and Materials: The group of pregnant women consists of Maryam class, self-affirmation, Standard antenatal class, and antenatal education for pregnant women and the class of mothers each chosen individually at random. The study was conducted for 4 weeks with measurements before and after the intervention and at birth. Mothers were measured for coping ability and confidence in labor. Statistical analysis used: Statistical analysis using General Linear models with Repeated measured ANOVA. Results: The results showed coping ability was improved better at birth in Maryam class (B = 7.86, Effect Size = 28.29%) significantly (p <0.001) rather than other groups while the confidence of labor in pregnant women was also improved in affirmation class (B = 6.48, Effect Size 31.83%) significantly (p <0.001) rather than other groups. Conclusion: it was proved that Maryam's class and affirmation were improved the ability to cope and beliefs challenging childbirth in pregnant women.

Keywords: Maryam Class, Self-affirmations, Standard antenatal class, Standard antenatal class, antenatal education, coping ability, confidence at birth.
Key Massages:

It is important that pregnant women should be cared for holistically to have confidence and coping during pregnancy and face labor. The Study said that better coping and confidence during pregnancy and labor can be made the better outcome of pregnancy and birth.


Introduction

Pregnancy puts the mother in a condition prone to stress which adversely affects the health of the mother and the baby she is carrying.1 Stress in pregnant women is a common thing. About 78% of pregnant women experience stress at low to moderate levels, and 6% at severe stress levels.2 There are many reasons associated with the condition of pregnancy, which can lead to increased susceptibility to stress. Some of them are physiological and hormonal changes, physical discomfort, uncertainty, fear about possible complications of pregnancy and childbirth, concern for the health of yourself and the baby, and significant life changes.3 Besides, the demands and changes associated with the reproductive period, and the social context associated with the ongoing pregnancy process can also be a source of stress.4

During pregnancy, mothers are more prone to experiencing stress than during postpartum.5 As the pregnancy progresses, the mother is likely to experience increased stress.6 Mothers who got pregnant for the first time (primigravida) were more prone to experiencing stress than mothers who were pregnant more than once (multigravida).7 Another cause of stress is a negative outlook on life, genetic predisposition, infection, youth, lack of sleep, physical demands, low coping systems, low socioeconomic conditions, psychological violence, poor nutrition, environmental exposure (environmental influence), and low social support.8

Stress in pregnant women is influenced by emotional, sociological, cultural background, and acceptance or rejection of her pregnancy. Emotional and psychological responses in pregnant women include reactions to reject and accept, introversion / closed personality, changing feelings, and changes in body image and these emotional responses cause stress in pregnant women.9 Besides, psychosocial stressors such as changes in social status, personal life, relationships, work status, household, and family changes, can affect immune function disorders, increase the activity of the inflammatory system, and in the long run can also cause health problems.4

Several attempts have been made to prevent and treat maternal stress, including music therapy, antenatal education programs, mindfulness, relaxation, acupressure, yoga, CBT (Cognitive Behavioral Therapy), hypnotherapy, meditation, physical exercise, and prayer therapy.10–12 These various methods, physical exercise can be used as an effort to prevent stress in pregnancy. This is because physical
exercise has been universally recognized in maintaining the health of pregnant women and preventing pregnancy complications. Apart from that, physical exercise also provides many benefits for both physical and mental health. Physical exercise can reduce the risk of excessive weight gain, Gestational Diabetes Mellitus (GDM), preeclampsia, varicose veins, lower back, and waist pain, shortness of breath, insomnia, stress, anxiety, depression, and reduced duration of labor. Research by Perales et al states that physical exercise during pregnancy can reduce symptoms of stress and depression in pregnant women.

Physical exercise has been universally recognized as an alternative to maintaining the health of pregnant women and preventing pregnancy complications. The American College of Obstetrics and Gynecology (ACOG) recommends that all adults (including uncomplicated pregnant and post-partum women) should exercise at least 150 minutes a week or about 20-30 minutes a day a week so that the womb is healthy and reduces the problems that commonly arise when pregnancy such as spasms, varicose veins, edema, back pain, shortness of breath, insomnia and other problems. A meta-analysis showed that women who did physical exercise during pregnancy showed a significant reduction in the risk of developing preeclampsia (41%), hypertension in pregnancy (39%), gestational diabetes mellitus (GDM) (38%), weight gain, the incidence of abortion, spontaneous, congenital abnormalities, and preterm labor. Exercise during pregnancy is not harmful, on the contrary, it provides positive benefits for the growth and development of the fetus both in the womb and after birth.

Although physical exercise during pregnancy has been proven to show many benefits, pregnant women do not do any exercise and even tend to reduce physical activity including reducing work and household affairs. The maternity exercise material is not routinely given during pregnancy classes and is not widely understood by pregnant women. The class for pregnant women is one of the programs that have been provided by the government to empower pregnant women to have more knowledge about healthy pregnancy, safe and comfortable delivery, prevent various complications of pregnancy, childbirth, postpartum, care for newborns and increase physical activity for pregnant women such as sports and labor breathing exercises.

Currently, midwifery services require a holistic approach, namely identifying the needs of women as a whole, because health is a harmonization of physical, mental, and mental health. Maryam gymnastics or Maryam class, affirmation class can be used as an alternative to developing pregnancy exercise in Indonesia because it fulfills a holistic aspect. Gymnastics Maryam not only provides physical benefits for pregnant women through movements but also provides psychological and spiritual benefits for pregnant women. In principle, the Maryam gymnastics movement consists of basic prenatal exercise movements and is modified with several prayer movements such as bowing, prostration, dzikir, and positive affirmations.

Positive affirmations are sentences that are structured to say to yourself or to hear from others and then say to yourself. The basis of affirmation is prayer, which can be interpreted as a more detailed...
and clear affirmation or reinforcement. Positive affirmations contain positive sentences that can influence the subconscious mind to form a positive mindset. Positive affirmations can help reprogram a pregnant woman's subconscious tapes containing negative records to become positive. In making affirmations, the choice of words and language structures must be arranged following existing provisions, because if the language structure is wrong, it can endanger pregnant women and produce a long and deep impact.

There are many types of classes for pregnant women, both of which are standard classes as maternal classes (standard antenatal class) where pregnant women are given antenatal education and exercises, classes that only provide communication and education and information (antenatal education), standard antenatal classes (SAC) with additional Maryam gymnastics and SAC with additional self-affirmations. Several studies have examined the impact of the class of pregnant women with the addition of the Maryam method or self-affirmation related to stress and anxiety levels, but none has yet revealed the impact of the intervention on maternal coping abilities and beliefs not only after the intervention but also measured how the mother's coping abilities and beliefs at the time labor. Based on these descriptions, it is necessary to conduct research not only to examine the effect of various types of maternal classes on stress, anxiety but also on coping abilities and childbirth beliefs at the time of delivery. The study aims to determine the Effect of Maryam, Self-affirmation, Antenatal class of maternal coping ability, and childbirth self-efficacy (CBSE) in pregnant women at birth.

**Subjects and Methods**

This research is a type of experimental research or experimental design in which the activity of the experiment or experiment aims to determine a symptom or affect that arises from a certain treatment. The design of this study used a pre-test post-test control group design, in the class group of pregnant women (SAC), and Maryam class, and self-affirmation classes, and antenatal education (AE). The population in this study was all primiparous pregnant women in the 2nd and 3rd trimester of pregnancy (28 - 35 weeks of pregnancy) in the Grobogan and the Purbalingga District Health Center area, which were followed for 4 weeks. The sample in this study was mothers in primiparous pregnancy in the second and third trimesters of pregnancy (28 - 35 weeks of pregnancy) who met the inclusion criteria: primigravida pregnancy, and normal pregnancy. The data of the research subjects were primigravida mothers in pregnancy aged 28-35 weeks (early third trimester) up to 4 weeks of intervention and followed up to delivery.

Intervention in self-affirmation classes by giving and train self-affirmation through Love cards containing positive affirmations ranging from breathing techniques, pregnancy, childbirth to breastfeeding. Love cards are arranged and assembled with the aim of pregnant women being able to make positive affirmations with the correct sentence structure into the subconscious mind. Love cards
have gone through expert reviews (psychologists) and received color input according to pregnant women, love cards were tested on pregnant women and adjusted to the opinions of pregnant women. Researchers provided abdominal breathing technique interventions and positive affirmations in love cards with a duration of 20 minutes per face to face four times per meeting held simultaneously with a pregnant women class. Positive affirmation is done with inhalation techniques.

Meanwhile, the pregnant women class group is a standard class developed as part of a service program for pregnant women with material on pregnancy, delivery, care for newborns, postpartum care, and family planning. The material is packaged in four additional meetings held every week with pregnancy exercise. While the Antenatal Education group for pregnant women were only given material without being followed by pregnancy exercise with the same material as the class for pregnant women. Antenatal education class was as a control group.

The treatment group was given intervention Maryam class as much as once week duration of 30 minutes/session for 4 weeks. Maryam’s class was given through video media and was carried out together with facilitators of village midwives. The term of each class is carried out by the class facilitator for pregnant women and facilitators who have been previously trained according to the type of intervention in each group. The facilitators were a senior midwife at the public health center who has been certified as a class facilitator of antenatal classes for mothers.

Each group was measured coping ability using a questionnaire instrument developed from the previous study consisting of 37 questions. Meanwhile, self-confidence was measured using the childbirth self-efficacy (CBSE) instrument. Measurement of coping ability and self-confidence in facing delivery was measured at the time before the intervention, the second measurement at week four after the intervention, and at the time of delivery.

Data analysis was used to determine the difference before and after treatment and the difference in the mean of each measurement on variable coping skill measures and CBSE, influence size and effect size, measured at baseline, after the intervention, and at delivery in four groups using the General Linear Model (GLM) test with repeated measure ANOVA with post hoc LSD. The difference was significant if the p-value was <0.05.

EC or Ethical Clearance is a written statement of ethical feasibility given by the Research Ethics Commission wherein the statement states that the research to be carried out meets the requirements to be carried out on living things. Ethical Clearance in this study was issued by the Ethical Commission of the Sultan Agung Islamic University Semarang No. 008 / I / 2020 / The Ethical and Research Commission has passed the Ethical Approval from the Health Research Ethics Commission of Regional Public Hospital Dr. Moewardi Surakarta with Number 1.329 / XII / HREC / 2019.
Results

a. Influence Maryam class, self-affirmation, classes for pregnant women, and health education for pregnant women on maternal coping abilities during childbirth

Table 1. Coping ability before and after intervention at four weeks and birth among groups

<table>
<thead>
<tr>
<th>Treatments</th>
<th>B</th>
<th>P</th>
<th>CI 95% B</th>
<th>Eta Square</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Antenatal Class (SAC)</td>
<td>2.57</td>
<td>0.085</td>
<td>-0.367</td>
<td>5.495</td>
</tr>
<tr>
<td>Maryam</td>
<td>7.86</td>
<td>0.000</td>
<td>4.984</td>
<td>10.727</td>
</tr>
<tr>
<td>Affirmation</td>
<td>6.756</td>
<td>0.000</td>
<td>3.935</td>
<td>9.577</td>
</tr>
<tr>
<td>Antenatal Education (AE)</td>
<td>Group reference</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on the results of the study in Table 1 and figure shows that among the groups that showed the most increase in coping ability in pregnant women at the second measurement at 4 weeks after the intervention was Maryam's class gave a 7.86 greater effect in increasing the coping abilities.
ability of mothers with an effect size of 28.29% significantly (p < 0.001) while self-affirmation class has the effect of increasing the coping ability of mothers at delivery by 7.76 greater with an effect size of 23.30% significantly (p < 0.001) compared to pregnant women class standards (SAC) and Antenatal Education (AE) for pregnant women.

b. Influence Maryam class, self-affirmation, pregnant women classes, and Antenatal education on the mother’s belief in facing childbirth or childbirth self-efficacy (CBSE) mothers during childbirth

**Table 2. Confidence at birth y before and after intervention at four weeks and birth among groups.**

<table>
<thead>
<tr>
<th>Treatments</th>
<th>B</th>
<th>p</th>
<th>95% CI B</th>
<th>Eta Square</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Antenatal Class (SAC)</td>
<td>3.52</td>
<td>0.002</td>
<td>1,314</td>
<td>5,726</td>
</tr>
<tr>
<td>Maryam</td>
<td>5.73</td>
<td>0.000</td>
<td>3,487</td>
<td>7,980</td>
</tr>
<tr>
<td>Affirmation</td>
<td>6.48</td>
<td>0.000</td>
<td>4,296</td>
<td>8,655</td>
</tr>
<tr>
<td>Antenatal Education (AE)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Group reference</td>
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</table>

**CBSE score before and after intervention**

Covariates appearing in the model are evaluated at the following values: CBSE_Pre = 47.31
Based on the results of the research in Table 2, it shows that among the groups that showed the most increase in CBSE scores in pregnant women at the second measurement at 4 weeks and delivery after the intervention, affirmation class had an effect of 6.48 greater in increasing maternal confidence in facing labor with effect size. 31.83% significantly (p <0.001) whereas Maryam class had the effect of increasing the mother's coping ability at delivery by 5.73 greater with an effect size of 25.63% significantly (p <0.001), and the standard class of pregnant women (KIH) had a 3.52 greater effect in increasing the mother's confidence in facing labor with the effect of size of 11.87% significantly (p <0.005) compared to health education in pregnant women.

Discussion

a. Influence Maryam class, self-affirmation, pregnant women classes, and pregnant women health education on the mother's coping ability during childbirth

The results showed that the intervention Maryam class provided the most beneficial effect by increasing the coping score at delivery (99.16). There was an increase in the average coping score at the delivery was the self-affirmation class, and the pregnant women class (98.06, and 93.87) while at the control group who provided only antenatal education and had means of coping scores 91.37.

The research results prove that Maryam's class accompanied by prayer movements while doing dzikir so that it will have a calming effect and reduce stress levels, while the implementation of basic pregnancy exercises focuses more on physical preparation for childbirth. Gymnastics Maryam not only provides physical benefits for pregnant women through movements but also provides psychological and spiritual benefits for pregnant women. Spiritual and religious healing have shown an important role in the promotion of health and well-being, prevention of disease, intervention in medical and surgical diseases, and are complementary to the holistic concept of health care. Spirituality in pregnancy means support and direction from God, a sense of security, getting protection and blessings from God, strength, and self-confidence so that it will create a sense of peace and well-being. When performing the prayer movement, most of the joints and muscles are stimulated and trained which can be likened to doing light to moderate physical exercise. Apart from physiological benefits, prayer also provides psychological and spiritual benefits. This will help mothers develop coping skills with an emotionally focused coping aspect. Coping strategies emphasize an effort or a process, where individuals attempt to resolve or face an event or incident that is considered stressful. You do this by changing the cognition to control, tolerate, reduce, or minimize the pressure state, to find a sense of security. Coping with the stress that focuses on emotions, namely rejection, resignation, and religiosity. Coping efforts made during pregnancy are very significant in influencing better pregnancy and birth outcomes, by minimizing or preventing the negative effects of emotional, behavioral, cognitive, and physiological responses to stress. The ability to cope with functions to select and implement appropriate measures to deal with stress and as a
defense resource for pregnant women and children from the potentially harmful effects of prenatal stress exposure. The coping response is related to a more favorable indicator of psychological well-being. Pregnancy coping through positive assessment by creating positive meanings focused on personal development is associated with a better outcome for mother and baby, fewer depressive symptoms, and lower problems in pregnancy.

Several studies on the application of prayer in psychotherapy have shown positive results in individuals showing pathological symptoms such as stress, anxiety, depression, and anti-social tendencies. This is because prayer provides a relaxing effect that causes a balance between the mind and the human body. The results of a study by Doufesh in 2012 showed that alpha waves in the human brain were significantly higher at the time of praying. High alpha wave activity is associated with a mind that is peaceful, comfortable, and calm. Apart from praying, dzikir (chanting the name of Allah) is also thought to help give a feeling of peace. Through dhikr, the human mind is directed towards dhikr Allah and all positive elements in life so that anxiety and stress can be reduced.

Positive affirmation is a sentence that is structured to convey to the subconscious mind to help to reprogram negative thoughts into positive ones. Positive affirmations are self-reinforcing or affirming to get rid of negative beliefs that exist in the subconscious mind. Positive affirmations can only be limited to thoughts, written in a note, heard from others, or spoken to others in a way that is repeated to provide strength and confidence from within an individual. Positive affirmations that are compiled for pregnant women have physical and mental health messages, which play a role in motivating, inspiring, providing support, changing perspectives, influencing the body, soul, and mind to become habits of daily behavior.

Affirmation is done by repeating words. Positive affirmations work through the subconscious mind that passes through the Reticular Activating System (RAS) which is the gateway to the subconscious mind. The suggestions are implanted using simple, easy to understand, detailed, and clear language. For example, "From now onwards I'm getting calmer through pregnancy and preparation for childbirth".

After a positive affirmation is given, the message settles in the subconscious mind and is transmitted into new behavior changes, memories, and new emotional states based on the messages embedded in the subconscious mind. The power of words in suggestions, environmental conditions, and emotions are external stimuli in the form of messages for the subconscious mind.

2. Influence Maryam class, self-affirmation, pregnant women classes, and maternal health education on the mother's belief in facing childbirth (CBSE) mothers during childbirth

The results showed that the self-affirmation class intervention had a beneficial effect on maternal confidence at delivery as measured by the CBSE score. This is evidenced by the difference in maternal beliefs in facing childbirth, in the affirmation group, there was an increase in the average CBSE score at delivery (53.54) the highest compared to other groups, the second-highest CBSE
score was in the intervention. Maryam class and next is the class of pregnant women with mean CBSE score at delivery, respectively 52.80 and 50.59) while at the control group who provided only antenatal education had means of CBSE score 47.07 at the time of delivery.

Self-efficacy is an individual's belief in his or her ability to face or overcome a certain situation and has an important role in fulfilling behavioral learning, self-efficacy encourages individuals to strive for success, strengthening self-confidence that increases the development of abilities and beliefs to succeed.\textsuperscript{52,53} Childbirth self-efficacy is an individual's belief in his or her ability to cope with birth. Self-efficacy is defined as an individual's belief that he or she can decide the behavior needed to obtain the desired results.\textsuperscript{53} Beliefs about personal sources and abilities are the result of the interaction of information from six main sources, namely the results of experience (performance experience), representative experience (vicarious experience), imaginal experience (imaginal experience), verbal persuasion, passion, physiological (physiological arousal), and emotional conditions. These sources of self-efficacy have different powers to influence self-efficacy.\textsuperscript{54}

Positive affirmations can affect the universe, when the word for the word comes out in the form of sound, will emit waves into the universe, the word wave penetrates the air and becomes real. Each syllable used has its energy. When you say "I am healthy" then the universe will give you the ability to do that. Affirmations can affect the subconscious mind and give suggestions to yourself.\textsuperscript{55} positive affirmative sentences such as "My pregnancy is healthy", "Strong amniotic membrane", "Placenta is healthy", "Labor is smooth", "Every time I feel a wave of love I always smile" and so on, with the aim of convincing and giving positive energy to pregnant women to reduce it worry or stress. Positive affirmations are sentences that are structured to be said to ourselves or to be heard from others and then spoken to ourselves.\textsuperscript{26} The basis of affirmation is prayer, which can be interpreted as a more detailed and clear affirmation or reinforcement. Positive affirmations contain positive sentences that can influence the subconscious mind to form a positive mindset.\textsuperscript{27} According to Bruce Lipton, belief becomes thoughts, thoughts become words, words become actions, actions become habits, habits become values and values become destiny.\textsuperscript{56}

Furthermore, this study shows that abdominal breathing techniques and positive affirmations are important for pregnant women to prevent stress that can adversely affect both the mother and the fetus. The results of this study can provide class development for pregnant women. The class for pregnant women is one of the programs that have been given by the government to empower pregnant women to have knowledge related to healthy pregnancy, safe and comfortable delivery, prevent various complications of pregnancy, childbirth, postpartum, care for newborns and increase the physical activities of pregnant women such as sports and labor breathing exercises.\textsuperscript{23}

Conclusion
Affirmation class and Maryam class, they have a more significant effect on the increase in the coping ability score of mothers at delivery and also increases the confidence score of mothers in facing delivery (CBSE) in pregnant women significantly compared to the standard class of pregnant women and the class of antenatal education in pregnant women.

Acknowledgments

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