

THE INFLUENCE OF PRENATAL YOGA ON REDUCING ANXIETY INTENSITY DURING TRIMESTER III PREGNANCY

Watini¹, Astriana^{2*}, Susilawati³, Devi Kurniasari⁴

¹Midwifery DIV Study Program, Malahayati University

^{2,3,4}Midwifery Study Program, Malahayati University

*Correspondence email: astriana@malahayati.ac.id

ABSTRAK : PENGARUH YOGA PRENATAL TERHADAP PENURUNAN INTENSITAS KECEMASAN PADA TRIMESTER III KEHAMILAN

Kecemasan dan depresi selama kehamilan merupakan permasalahan yang signifikan di masyarakat karena prevalensinya yang tinggi. Berdasarkan data survei yang diperoleh di Klinik Utama Serdang, Lampung Selatan, terdapat total 132 ibu hamil, dengan rincian 41 orang pada trimester I, 57 orang pada trimester II, dan 50 orang pada trimester III, semuanya menjalani pemeriksaan kehamilan (ANC).) pemeriksaan tiga bulan terakhir pada bulan Mei sampai Juli 2023. Tujuan penelitian ini adalah menggunakan prenatal yoga untuk menurunkan intensitas kecemasan pada kehamilan trimester III di Klinik Utama Serdang, Lampung Selatan pada tahun 2023.

Penelitian ini menggunakan pendekatan kuantitatif dan dilaksanakan pada bulan Mei 2023 di Klinik Utama Serdang, Lampung Selatan. Desain yang digunakan adalah Quasi-Experimental dengan desain one-group pretest-posttest dan teknik purposive sampling. Populasinya adalah ibu hamil trimester III yang mengalami kecemasan, dan jumlah sampel sebanyak 34 ibu hamil. Uji-t sampel berpasangan digunakan untuk analisis.

Hasil penelitian menunjukkan rata-rata intensitas kecemasan sebelum terapi yoga sebesar 23,47 dan setelah terapi yoga sebesar 13,27. Nilai p yang dihasilkan adalah 0,000. Kesimpulannya adalah hasil yang signifikan menunjukkan penerimaan hipotesis alternatif (Ha) dan penolakan hipotesis nol (Ho) yang berarti terdapat pengaruh Prenatal Yoga dalam menurunkan intensitas kecemasan pada kehamilan trimester III di Serdang Utama. Klinik, Lampung Selatan pada tahun 2023. Disarankan untuk meningkatkan pengetahuan dan pemahaman mengenai manajemen kecemasan pada ibu hamil dan meminimalkan komplikasi pada persalinan selanjutnya.

Kata Kunci : kecemasan, kehamilan, prenatal yoga

ABSTRACT

Anxiety and depression during pregnancy are significant issues in society due to their high prevalence. Based on survey data obtained at Serdang Main Clinic, South Lampung, there were a total of 132 pregnant mothers, with 41 in the first trimester, 57 in the second trimester, and 50 in the third trimester, all of whom underwent antenatal care (ANC) check-ups in the last three months from May to July 2023. The aim of this study is to use prenatal yoga to reduce anxiety intensity during the third trimester of pregnancy at Serdang Main Clinic, South Lampung in 2023.

This research employed a quantitative approach and was conducted in May 2023 at Serdang Main Clinic, South Lampung. A Quasi-Experimental design was used with a one-group pretest-posttest design and purposive sampling technique. The population consisted of third-trimester pregnant mothers with anxiety, and the sample size was 34 pregnant mothers. The paired sample t-test was used for analysis.

The results showed that the average anxiety intensity before yoga therapy was 23.47, and after yoga therapy, it was 13.27. The resulting p-value was 0.000. The conclusion is that the significant result indicates the acceptance of the alternative hypothesis (Ha) and the rejection of the null hypothesis (Ho), which means there is an influence of Prenatal Yoga in reducing anxiety intensity during the third trimester of pregnancy at Serdang Main Clinic, South Lampung in 2023. It is recommended to enhance knowledge and understanding regarding anxiety management in pregnant mothers and to minimize complications during future deliveries.

Keywords: anxiety, pregnancy, prenatal yoga

INTRODUCTION

Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are indicators used to assess

the health status of a country. If the MMR and IMR are low, it indicates good health status, whereas high MMR and IMR require attention from the government. The ability to provide comprehensive and quality obstetric services determines the high or low levels of Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) in a country (WHO, 2019).

According to the World Health Organization (WHO) in 2018, the global MMR was 289,000. The MMR for various countries included 9,300 in the United States, 179,000 in North Africa and 16,000 in Southeast Asia. In Southeast Asian countries, MMR was reported as follows: Indonesia 214 per 100,000 live births, Philippines 170 per 100,000 live births, Vietnam 160 per 100,000 live births, Thailand 44 per 100,000 live births, Brunei 60 per 100,000 live births, and Malaysia 39 per 100,000 live births (WHO, 2018).

As of 2019, the Chair of the Scientific Committee of the International Conference on Indonesia Family Planning and Reproductive Health (ICIFPRH) reported that Indonesia's Maternal Mortality Rate (MMR) remained high at 305 per 100,000 live births. The target for Indonesia's MMR in 2015 was 102 per 100,000 live births. High MMR poses a challenge to Indonesia and is a priority national commitment to reduce maternal deaths during pregnancy and childbirth. The leading causes of maternal deaths in Indonesia are hemorrhage, hypertension during pregnancy, and others. The causes of MMR are primarily due to hemorrhage (31%), hypertension during pregnancy (26%), and other factors (28%). The global Sustainable Development Goals (SDGs) target a reduction of MMR to less than 70 per 100,000 live births by 2030 (Ministry of Health, Republic of Indonesia, 2018).

Based on the prevalence of pregnancy occurrences in Lampung Province in 2021, there were a total of 679,321 pregnancy cases, while in 2022, the number of pregnancies increased to 690,231. From these results, the distribution of pregnancies in the first trimester was 45.2%, the second trimester was 31.0%, and the third trimester was 23.8%. In Lampung Selatan Regency in 2022, there were a total of 3,427 pregnancies, with 32.1% in the first trimester, 39.6% in the second trimester, and 28.3% in the third trimester (Lampung Provincial Health Office, 2022).

During pregnancy, there are physical and psychological changes that occur in pregnant women. The adaptation process sometimes leads to discomfort, including symptoms like nausea, vomiting, fatigue, and upper back pain, increased frequency of urination, heartburn, lower back pain,

hyperventilation, numbness, physiological leg edema, and supine hypotensive syndrome.

Anxiety and depression during pregnancy are significant issues in society due to their high prevalence. This anxiety spans from the first trimester up until the time of delivery. However, some studies suggest that depression or anxiety levels during the early trimester are similar to general anxiety, whereas depression or anxiety levels during the second and third trimesters are nearly double those of the first trimester.

In the third trimester of pregnancy, various fears emerge. Pregnant women tend to feel anxious about their baby's well-being as well as their own. Excessive fear and anxiety experienced by pregnant women can lead to stress. Maternal anxiety during pregnancy comprises three components: fear of childbirth, fear of giving birth to a physically or mentally disabled child, and concerns about personal appearance (Ardila, 2019).

Enxiety during pregnancy can arise due to the long wait for childbirth, full of uncertainty, and the anticipation of frightening aspects of the delivery process. This fear is often experienced during a woman's first pregnancy, especially when facing childbirth. The psychological burden on a pregnant woman is more pronounced during the third trimester compared to the first and second trimesters. In cases of severe psychological burden experienced by pregnant women, it can often affect the intrauterine life of the fetus and lead to abnormalities depending on the timing of the psychological burden. If the disturbance begins early in pregnancy, it can affect intrauterine fetal growth, leading to intrauterine growth restriction (IUGR), or even affect fetal heart rate if it occurs closer to the time of delivery.

Recommended exercises for pregnant women to maintain their own health and promote the proper development of the fetus, while also stabilizing the mother's emotions, include walking, cycling, swimming, prenatal exercises, hypnobirthing, and yoga (Pivarnik, 2018). Prenatal yoga, particularly through physical relaxation, helps release muscle tension. The motor area plays a role in every movement, and physical relaxation affects the body's balance center, the basal ganglia, which act as a connecting cable to the hypothalamus. This interaction results in increased adrenaline production from the adrenal gland and the nucleus raphe, which produces dopamine (a motivational hormone), serotonin (a calming hormone), and endorphins (a happiness hormone). This collaborative effort helps the body prepare for childbirth.

Physiologically, yoga exercises reverse the effects of stress, engaging the parasympathetic part of the central nervous system. Yoga inhibits the increase in sympathetic nerves, reducing the levels of hormones responsible for body dysregulation. The parasympathetic nervous system, which opposes the sympathetic nervous system, slows down or weakens the functions of internal body organs. These results in decreased heart rate, breathing rate, blood pressure, muscle tension, metabolic rate, and stress hormone production. As stress hormone levels decrease, the entire body starts to function at a healthier level with more energy for healing, restoration, and rejuvenation. Consequently, pregnant women experience relaxation and a reduction in anxiety symptoms.

Based on the preliminary survey data obtained from examinations of third-trimester pregnancies in January and February 2023 at Serdang Main Clinic, South Lampung, there were a total of 132 pregnant mothers, with 41 in the first trimester, 57 in the second trimester, and 50 in the third trimester, all of whom had undergone ANC check-ups in the last three months. Based on interviews with 5 third-trimester pregnant mothers, they expressed anxiety about the upcoming childbirth, considering it a frightening experience and expressing concerns about experiencing intense pain during labor. Maternal anxieties also led to poor sleep quality and reduced appetite.

Prenatal yoga exercises during pregnancy focus on breathing rhythm, safety, and comfort, offering numerous benefits for pregnant women. Prenatal yoga is a type of exercise that helps pregnant mothers by promoting joint flexibility and calming the mind, particularly during the third trimester. Prenatal yoga exercises can aid a smooth and natural childbirth process. Yoga exercises during pregnancy can improve birth weight and reduce the occurrences of prematurity and birth complications.

RESEARCH METHODS

This study employs a quantitative research method. The research design used is a Quasi-Experimental design with a one-group pretest-posttest approach. The population for this study consists of third-trimester pregnant mothers experiencing anxiety issues, totaling 50 pregnant mothers who have undergone ANC check-ups within the last three months, with a gestational age ranging from 28 weeks to 36 weeks (Notoatmodjo, 2018).

RESEARCH RESULT

Respondents' Characteristics

Table 1
Respondent Characteristics at Serdang Main Clinic, South Lampung in 2023

Characteristics Respondent	Frequency	Percentage (%)
Age		
25-30 years	20	57,8
33-38 years	12	41,3
Education		
Bachelor	10	29,4
High School	14	41,2
Junior School	10	29,4
Occupation		
Housewives	14	41,2
Trader	6	17,6
Employee	6	17,6
Civil Servent	8	23,5
Parity		
Multipara	16	47,1
Primipara	18	52,9
Gestational Age		
28 weeks	5	14,7
29 weeks	9	26,5
30 weeks	9	26,5
31 weeks	3	8,8
32 weeks	7	20,6
33 weeks	1	2,9

Based on Table 1, it can be observed that out of 34 respondents, the characteristics of third-trimester pregnant women at Serdang Main Clinic South Lampung in 2023 are as follows: in terms of age, 20 (57.8%) respondents fall in the age category of 25-30 years, and 14 (41.3%) respondents are in the age category of 33-38 years. Regarding education, 10 (29.4%) respondents have a Bachelor's degree, 14 (41.2%) have completed high school (SMA), and 10 (29.4%) have attended junior high school (SMP). In terms of occupation, 14 (41.2%) respondents are homemakers (IRT), 6 (17.6%) are merchants, 6 (17.6%) are employees, and 8 (23.5%) are civil servants (PNS). In terms of parity or the number of children previously born, 16 (47.1%) respondents are multipara, while 18 (52.9%) respondents are primipara. Concerning the current gestational age of the mothers, 5 (14.7%) respondents are at 28 weeks of gestation, 9 (26.5%) are at 29 weeks, 9 (26.5%) are at 30 weeks, 3 (8.8%) are at 31 weeks, 7 (20.6%) are at 32 weeks, and 1 (2.9%) is at 33 weeks of gestation.

Normality Test

The normality test is used to determine whether the sample taken comes from a normal

distribution or not. Its purpose is to ascertain and provide confidence whether the data is approximately or closely aligned with the normal distribution curve. The normality test is performed using the Shapiro-Wilk test formula, with the assistance of the SPSS program. The decision criteria are as follows:

- If the Sig. value of the Shapiro-Wilk test > 0.05 , then the data is normally distributed.
- If the Sig. Shapiro-Wilk value < 0.05 , then the data is not normally distributed.

From the conducted statistical test, the results of the normality test can be seen in the following table:

Table 2
Test of normality

Anxiety during trimester III	N	P-Value
Anxiety level before yoga therapy	34	0,079
Anxiety level after yoga therap	34	0,090

Based on the above Table 2, it can be observed that the Sig. values for the Shapiro-Wilk test are 0.079 for the anxiety level before yoga therapy and 0.090 for the anxiety level after yoga therapy. Both Sig. values are > 0.05 . Therefore, it can be concluded that the data of the variables in this study follow a normal distribution. Consequently, for the next step, a dependent t-test cannot be performed.

Univariate Analysis

Mean Anxiety Intensity Before and After Yoga Therapy during Trimester III of Pregnancy at Serdang Main Clinic, South Lampung in 2023

Table 3
Mean Anxiety Intensity Before Yoga Therapy during Trimester III of Pregnancy at Serdang Main Clinic, South Lampung in 2023

Enxiety Intensity	N	Mean	Std. Deviation	SE	Min-Max
Before yoga therapy	34	23,47	3,620	0,621	27-17
After yoga therapy	34	13,27	3,713	0,637	9-22

From the above table, it can be observed that the mean anxiety intensity before yoga therapy during trimester III of pregnancy at Serdang Main Clinic South Lampung in 2023 was 23.47, with a standard deviation of 3.620 and a standard error of 0.621. The minimum and maximum values for anxiety intensity were 17 and 27, respectively. On the

other hand, the mean anxiety intensity after yoga therapy during trimester III of pregnancy was 13.27, with a standard deviation of 3.713 and a standard error of 0.637. The minimum and maximum values for anxiety intensity after therapy were 9 and 22, respectively.

Bivariate Analysis

Table 4
Effect of Prenatal Yoga on Reducing Anxiety Intensity during Trimester III of Pregnancy at Serdang Main Clinic, South Lampung in 2023

Enxiety Intensity	N	Mean	Mean Difference	Std. Deviation	CI 95%	P value
Before yoga therapy	34	23,47		3,620	8,303-	
After yoga therapy		13,29	10,176	3,713	12,049	0,000

Based on the results presented in the above table, it is evident that the impact of prenatal yoga in reducing anxiety intensity during trimester III of pregnancy at Serdang Main Clinic South Lampung in 2023 is significant. The mean difference between anxiety intensity before and after yoga therapy is 10.176, calculated from the data of 34 respondents. The P value obtained is 0.000 ($< \alpha 0.05$), which indicates that the null hypothesis (H_0) can be

rejected in favor of the alternative hypothesis (H_a), suggesting that there is a significant effect of Prenatal Yoga on reducing anxiety intensity during Trimester III of Pregnancy at Serdang Main Clinic, South Lampung in 2023.

DISCUSSION

Univariate Analysis

The mean intensity of anxiety before and after yoga therapy during the third trimester of pregnancy at Serdang Main Clinic, South Lampung in 2023 was analyzed.

The average intensity of anxiety before yoga therapy was 23.47, with a standard deviation of 3.620 and a standard error of 0.621. The minimum intensity of anxiety was 17, and the maximum intensity was 27. After yoga therapy, the average intensity of anxiety was 13.27, with a standard deviation of 3.713 and a standard error of 0.637. The minimum intensity of anxiety was 9, and the maximum intensity was 22.

According to the International Federation of Gynecology and Obstetrics, pregnancy is defined as the fertilization or union of spermatozoa and ova, followed by implantation. If counted from fertilization to childbirth, a normal pregnancy lasts for 40 weeks or 10 months, according to the international calendar. Pregnancy is divided into three trimesters: the first trimester spans 12 weeks, the second trimester spans 15 weeks (weeks 13 to 27), and the third trimester spans 13 weeks (weeks 28 to 40) (Prawirohardjo, 2016).

During pregnancy, there are both physical and psychological changes that pregnant women undergo. The process of adaptation sometimes causes discomfort, which includes symptoms such as nausea, vomiting, fatigue, upper back pain, increased frequency of urination, heartburn, lower back pain, hyperventilation, numbness, physiological leg edema, and supine hypotensive syndrome.

The third trimester is often referred to as a period of cautious waiting. During this period, women become more aware of their baby as a separate entity, making them impatient for the baby's arrival. The anticipation of the baby's imminent birth leads to vigilance and attentiveness, as women wait for signs and indications of labor (Rukiyah, 2010).

Anxiety is the initial reaction experienced by patients and their families when they have to be suddenly hospitalized or admitted to a clinic without prior planning. Anxiety is an emotion and an individual subjective experience that holds its own strength and can be challenging to directly observe. Nurses can identify anxiety through changes in patient behavior. Anxiety is an unclear and unsupported feeling of fear.

The level of anxiety in pregnant women during the third trimester can be minimized using non-pharmacological interventions. Some examples of non-pharmacological actions that can reduce anxiety and provide comfort to third-trimester pregnant women include prenatal yoga, aromatherapy, steam therapy, therapeutic touch, and others. One non-pharmacological technique to reduce anxiety in

pregnant women that is not only easily performed but can also be done at home is prenatal yoga. Prenatal yoga is a practice specifically designed for pregnant mothers and is beneficial for reducing anxiety and providing comfort.

The benefits of prenatal yoga for pregnant mothers include helping to alleviate back pain and preparing the body by strengthening and maintaining the elasticity of abdominal muscles, ligaments, and pelvic floor muscles related to the birthing process. It also helps in forming a good body posture, which can address common complaints during pregnancy, facilitate proper fetal positioning, and reduce breathlessness due to the expanding abdomen. Relaxation and stress management are other benefits. Achieving complete body relaxation through contraction and relaxation exercises is crucial during both pregnancy and childbirth. Learning proper breathing techniques plays a vital role in labor and during pregnancy to accelerate body relaxation achieved through deep breaths, also helping manage pain during contractions. Additionally, prenatal yoga aids in improving blood circulation.

Anxiety and depression during pregnancy are significant problems in society due to their high prevalence. Anxiety can occur from the first trimester up until the approaching delivery, but some studies suggest that depression or anxiety levels during the early trimester are similar to normal anxiety levels, while levels during the second and third trimesters are nearly double those of the first trimester.

During the third trimester of pregnancy, various fears arise. Pregnant women tend to feel anxious about their baby's life and their own. Excessive fear and anxiety in pregnant mothers can lead to stress. Maternal anxiety consists of three components: fear of childbirth, fear of having a physically or mentally disabled child, and concerns about appearance (Ardila, 2019).

Anxiety in pregnant women can arise due to the prolonged period of uncertainty and the anticipation of frightening aspects of the childbirth process. This fear is often experienced during the first pregnancy, especially when facing childbirth. Psychological stress is more common during the third trimester compared to the first and second trimesters. In cases of severe psychological stress experienced by pregnant women, it can often affect the intrauterine life of the fetus and lead to abnormalities depending on the timing of the psychological burden. If the disturbance begins early in pregnancy, it can impact intrauterine fetal growth, leading to intrauterine growth restriction

(IUGR), or even fetal heart rate issues when pregnancy is nearing delivery.

In a state of anxiety, respondents mentioned that they have uncertain thoughts about the upcoming childbirth process. They express uncertainty about the health condition of their unborn baby and fear whether the delivery process will proceed normally and safely. Respondents also note changes in their physical condition, experiencing fatigue and muscle stiffness, especially in the lower back. As a result, respondents experience a lack of control. Prenatal yoga exercises provided to the respondents involve physical training, but within the sequence of prenatal yoga exercises, relaxation effects and increased knowledge are also achieved.

The prenatal yoga exercises provided to the respondents are physical exercises for the patients. However, within the sequence of prenatal yoga exercises, there are relaxation effects and an increase in knowledge. These physical exercises have proven to help the respondents reduce lower back pain, backaches, and leg cramps when performed regularly, both during the practice sessions and at home. Prenatal yoga isn't just beneficial for pregnancy and physical well-being; participating in prenatal yoga classes allows individuals to be in a positive environment. Being part of a community with other pregnant women can provide emotional support, encouragement, and motivation to continue exercising.

The results of the research conducted before implementing prenatal yoga showed that the average anxiety levels among third-trimester pregnant women were still relatively high. They experienced moderate anxiety but were unsure of how to address the issue. After being exposed to prenatal yoga, the results showed a change in anxiety levels among third-trimester pregnant women. The yoga sessions seemed to have a relaxing effect, making mothers feel more at ease and less tense about childbirth. However, the reduction in anxiety after practicing yoga varied among different respondents. Some mothers, despite practicing yoga regularly, still had lingering fears about childbirth, which impacted their relaxation.

In this research, varying levels of reduction in anxiety intensity were observed among different respondents during prenatal yoga sessions. Mothers with moderate anxiety levels tended to take longer to experience relief or increased relaxation. This might be influenced by factors such as family pressures, lack of family support, or issues within their living environment, which could hinder the relaxation

process even when therapy involving prenatal yoga is used.

Bivariate Analysis

The results before and after prenatal yoga to reduce anxiety intensity during trimester III of pregnancy at Serdang Main Clinic South Lampung 2023 showed a mean difference of 10.176 in anxiety intensity scores among the total of 34 respondents. The obtained P value was 0.000, indicating that the null hypothesis (H_0) was rejected in favor of the alternative hypothesis (H_a). This suggests that there is a significant impact of Prenatal Yoga in reducing anxiety intensity during Trimester III of Pregnancy at Serdang Main Clinic South Lampung 2023.

Anxiety is a condition that signifies a state that can threaten one's integrity and existence, manifested in behaviors such as feelings of helplessness, inability, fear, and specific phobias (Nursalam, 2014). Stress is a highly personal phenomenon that varies among individuals based on vulnerability and resilience, as well as across different types of tasks. The severity of job-related stress depends on the demands placed and the individual's sense of control or freedom to make decisions in dealing with stress. Stress is a perception of threat, resulting in anxiety, discomfort, emotional tension, and difficulty in adaptation. Stress occurs when environmental demands exceed an individual's perception of their ability to cope. In group situations, the lack of structure or loss of motivation makes it difficult or even impossible for the group to meet the requirements of the situation. Leadership is absent and needed to address the demands of the situation (Fink, 2016).

Recommended physical activities for pregnant women to maintain overall health, fetal development, and emotional stability include walking, cycling, swimming, prenatal exercises, hypnobirthing, and yoga. Yoga, which originates from India, involves bodily movements and breathing techniques. It can be practiced by anyone, including pregnant women. Prenatal yoga helps mothers connect with their bodies and their babies through deep practice, fostering awareness during the birthing process or delivery.

Physiologically; prenatal yoga helps reverse the effects of stress involving the parasympathetic part of the central nervous system. Prenatal yoga inhibits the increase of the sympathetic nervous system, thereby reducing the amount of hormones causing body dysregulation. The parasympathetic nervous system, which works in opposition to the sympathetic nervous system, slows down or weakens the function of internal body organs. As a

result, there is a decrease in heart rate, breathing rhythm, blood pressure, muscle tension, metabolism rate, and the production of stress hormones. As stress hormone levels decrease, the entire body begins to function at a healthier level with more energy for healing, restoration, and rejuvenation. Consequently, pregnant women will feel relaxed as anxiety symptoms decrease.

In principle, prenatal yoga is safe for pregnant women and can be practiced from the 18th week of pregnancy. It is suitable for women with no history of complications during pregnancy, premature births, or low birth weight babies. Women with a history of miscarriage can start yoga after the 20th week of pregnancy or when the pregnancy improves. Prenatal yoga focuses on rhythmic breathing, prioritizes safety and comfort, and provides numerous benefits for pregnant women. It encompasses physical, mental, and emotional aspects and aids in improving joint flexibility and calming the mind, particularly during the third trimester. Engaging in prenatal yoga exercises during pregnancy can facilitate a smooth and natural childbirth process. Additionally, it has the potential to increase birth weight and reduce the incidence of premature births and complications during labor.

According to the researchers, prenatal yoga is highly beneficial and important for pregnant women as it can assist in the childbirth process and reduce the anxiety experienced by respondents. Prenatal yoga exercises during pregnancy focus on rhythmic breathing, prioritize safety and comfort, and offer numerous benefits for pregnant women. Prenatal yoga encompasses physical, mental, and emotional aspects and greatly aids pregnant women in improving joint flexibility and calming their minds, especially during the third trimester. Engaging in prenatal yoga exercises can provide benefits throughout pregnancy, facilitating a smooth and natural childbirth. Prenatal yoga for pregnant women can increase birth weight and reduce the incidence of premature births and labor complications.

The research findings show a difference in the scores of anxiety intensity reduction among pregnant women in the third trimester who practiced prenatal yoga for one month. This difference can be attributed to the age of the mothers and the level of anxiety experienced. For instance, if a mother is dealing with high or severe anxiety, it might be challenging to alleviate it through prenatal yoga. On the other hand, if the anxiety level is mild, it might be easier to reduce after practicing prenatal yoga. Additionally, the age of the mother can influence anxiety reduction. Older age might bring about increased thoughts and life-related concerns, leading to sustained stress. Parity

can also influence anxiety, where having more than two children and being pregnant again might cause concerns about managing the newborn after birth.

In this research, several underlying factors contribute to the lack of effectiveness in reducing anxiety intensity. These factors include education, occupation, and parity. Education level can influence a mother's knowledge about seeking information regarding arising anxiety issues and how to manage them, while occupation can affect the pressure and anxiety experienced by pregnant women.

CONCLUSION

The average intensity of anxiety before yoga therapy in the third trimester of pregnancy at Serdang Main Clinic South Lampung in 2023 was 23.47, with a standard deviation of 3.620. The average intensity of anxiety after yoga therapy in the third trimester of pregnancy was 13.27, with a standard deviation of 3.713. The resulting P value of 0.000 is significant, indicating that the alternative hypothesis (H_a) is accepted and the null hypothesis (H_o) is rejected, meaning that Prenatal Yoga has an influence in reducing anxiety intensity in the third trimester of pregnancy at Serdang Main Clinic South Lampung in 2023.

SUGGESTION

With this study, it is hoped that respondents will be able to engage in prenatal yoga self-care at home or at clinics to help reduce anxiety intensity in pregnant women during the third trimester using non-pharmacological methods. Pregnant women are also encouraged to pay closer attention to emerging issues and symptoms related to their anxiety levels.

REFERENCES

- Ardila. 2019. Analisis Deskriptif Pemeriksaan Antenatal Care (ANC) 10t Pada Ibu Primigravida Trimester I, II, DAN III Di Wilayah Kerja Puskesmas Baturraden II. Universitas Muhammadiyah Purwokerto
- Dinas Kesehatan Provinsi Lampung. 2022.
- Fink, G. (2016). Stress: Concept, Cognition, Emotion, and Behavior. Handbook of Stress, Volume 1
- Kementerian Kesehatan, (2018) Profil Kesehatan Indonesia Tahun 2018. Jakarta: Kementrian Kesehatan Republik Indonesia
- Nursalam. (2014). Manajemen Keperawatan Aplikasi dalam praktek keperawatan. Profesional, Edisi 4. Jakarta : Salemba Medika

- Notoatmodjo, (2018). Metodologi Penelitian Kesehatan. Jakarta. Rineka Cipta. 2016. h. 37-38
- Prawirohardjo, (2016). Pelayanan Kesehatan Maternal Dan Neonatal. Jakarta: PT Yayasan Bina Pustaka Prawirohardjo.
- Rukiyah, (2010). Asuhan Kebidanan 1. Jakarta: CV. Trans Info Media
- WHO (World Health Statistics). 2018. Angka Kematian Ibu dan Angka Kematian Bayi. World Health Organization The Global Health
- WHO (World Health Statistics). 2019. Angka Kematian Ibu dan Angka Kematian Bayi. World Health Organization The Global Health