

THE INFLUENCE OF CLASSICAL MUSIC THERAPY ON THE ANXIETY LEVELS OF MOTHERS IN LABOR AHEAD OF CHILDBIRTH IN THE DELIVERY ROOM OF RSUD DR. DORIS SYLVANUS PALANGKA RAYA

Angga Arsesiana^{1*}, Chrisdianti Yulita², Yuda Suprianto³

^{1,2,3}STIKES Eka Harap Palangka Raya (Indonesia)

^{*}arsesiana2@gmail.com

Abstract

Background: Anxiety is a normal response to stress, but some individuals may experience excessive anxiety, making it difficult for them to cope. Anxiety in pregnant women is a reaction to changes in themselves and their environment that brings feelings of unease or discomfort caused by the anticipation of danger or frustration that threatens their sense of security.

Objective: To determine the effect of classical music therapy on the anxiety levels of mothers in labor approaching delivery in the delivery room of RSUD dr. Doris Sylvanus Palangka Raya.

Method: Pre-Experimental with a one group pre post test design approach. Sample consisted of 25 respondents using purposive sampling technique and employing the Wilcoxon Signed Rank Test for statistical analysis.

Research Results: The Wilcoxon Test results for the anxiety levels of mothers showed a significance (2-tailed) with a p value of 0.000 and a significance level of $p < 0.05$, which means H_1 is accepted, indicating that there is an effect of classical music therapy on the anxiety levels of mothers in labor approaching delivery in the delivery room of RSUD dr. Doris Sylvanus Palangka Raya.

Conclusion: The results of this study indicate that there is an effect of classical music therapy on the anxiety levels of mothers in labor in the Cempaka room of RSUD dr. Doris Sylvanus Palangka Raya. It is hoped that the findings of this study will serve as information and a reference in health services through the provision of classical music therapy in addressing anxiety in pregnant women.

Keywords: Classical Music Therapy, Anxiety Levels, Anxiety in Laboring Mothers

1. INTRODUCTION

According to the American Psychiatric Association, anxiety is a normal response to stress; however, some individuals may experience excessive anxiety, making it difficult for them to cope. (Maryuti et al., 2023). Clinically, a person experiencing anxiety issues is categorized into several types, namely anxiety disorder, generalized anxiety disorder (GAD), panic disorder, phobic disorder, and obsessive-compulsive disorder. (obsessive-compulsive disorder). Pieter & Lubis (2017) state that the factors causing anxiety in pregnant women are usually related to conditions such as: their own well-being and that of the baby to be born, experiences of previous miscarriages, feelings of safety and comfort during pregnancy, self-discovery and preparation for parenthood, attitudes towards accepting and embracing pregnancy, family finances, and support from family and medical personnel. Responding to anxiety or engaging in coping efforts is generally done in various ways, but with the same goal,

which is to reduce anxiety in order to return to a normal and balanced state. One of the coping techniques that has proven effective in dealing with anxiety is distraction and relaxation techniques. Distraction techniques involve shifting focus to other stimuli, such as listening to music. (terapi musik). Based on preliminary survey data, it was found that pregnant women experience anxiety due to concerns about potential problems for themselves and their babies, as well as having heard stories from others that childbirth is extremely painful and can be life-threatening.

According to WHO data, 91% of maternal deaths due to childbirth or delivery issues occur in developing countries. The highest number of deaths occurs during childbirth, with the most common causes being complications such as bleeding and difficult deliveries. The maternal mortality rate for vaginal births was 95-120 per 100,000 live births in Indonesia in 2014, while the mortality rate for cesarean section in Indonesia in 2014 was 112-130 per 100,000 live births. Given the significant risks that may arise during childbirth, whether through cesarean section or vaginal delivery, this can lead to anxiety for patients who are about to give birth. (Pusdiknakes, 2014). Based on the Health Profile data of Central Kalimantan Province in 2017, the maternal mortality rate (MMR) in Central Kalimantan still aligns with the national figure, which was reported in the 2007 Indonesian Demographic and Health Survey (SDKI) at 228 per 100,000 live births (Central Statistics Agency, 2007). This figure then increased to 359 per 100,000 live births according to the SDKI in 2012, reflecting maternal deaths related to pregnancy, childbirth, and the postpartum period. (Kemenkes RI, 2013). The research on "The Description of Knowledge and Anxiety of Pregnant Women in the Third Trimester Facing Childbirth in the Work Area of the Muara Aman Health Center, North Lebong District, Lebong Regency" was conducted with 22 respondents, revealing that 31.8% had poor knowledge, 54.5% had sufficient knowledge, and 13.6% had good knowledge in facing childbirth. The levels of anxiety were found to be severe anxiety at 9.1%, moderate anxiety at 45.5%, mild anxiety at 36.4%, and no anxiety at 9.1%. (Syafrie, 2018). Based on data from the dr. Doris Sylvanus Regional Hospital in Palangka Raya, in 2019, the number of mothers who had normal deliveries in the Cempaka Room was 540. During the preliminary survey data collection through interviews with pregnant women who are about to give birth, 3 out of 5 (60%) pregnant women experiencing anxiety reported that it was due to concerns about potential problems for themselves and their babies, a lack of knowledge about the signs of labor, and not knowing alternative ways to reduce their anxiety.

Anxiety can be defined as an emotional response without a specific object that is subjectively experienced and communicated interpersonally. There are several factors that influence the labor process, namely the strength of contractions and pushing (power), the birth canal (passage), the fetus and placenta (passenger), psychological aspects, and the attendant. (provider). These factors play a significant role in determining whether a childbirth proceeds smoothly or not. For example, in prolonged labor, this can be caused by weakened contractions and the mother's pushing related to relatively advanced age, incorrect labor management, or feelings of fear and anxiety. Janiworthy & Pieter H.Z. (2012) show that pregnant women who are unprepared for childbirth will experience more anxiety and exhibit fear through behaviors such as remaining silent and crying. Even though the event of childbirth is a normal physiological phenomenon, the reality is that the labor process can lead to bleeding, extraordinary pain, and instill fear, even resulting in the death of either the mother or the baby. The negative impact of anxiety in pregnant women triggers uterine contractions. The consequences of this condition can increase blood pressure, potentially triggering

preeclampsia and miscarriage. (Maharani 2008 dalam Sari & Novriani, 2017). Another impact of anxiety, according to Muflihah's research in 2013 (in Maharani 2022), is that it increases pain during childbirth, causes muscle tension, and leads to quick fatigue in mothers, thereby increasing the risk of prolonged labor. The complication that can arise from this is maternal death.

Based on this, anxiety must be addressed to prevent excessive pain during childbirth, thereby minimizing the risk of complications during delivery. The role of nurses in efforts to improve health status involves carrying out activities in the areas of promotion, prevention, curative care, and rehabilitation. Preventive measures taken by a healthcare worker in managing anxiety include providing relaxation therapy, specifically through music therapy. Management of anxiety can be carried out through pharmacological and non-pharmacological therapies. Pharmacological therapy involves the use of medications such as anesthetics or analgesics; however, there are some analgesic drugs that have adverse effects on the fetus. Non-pharmacological therapies include relaxation, hypnotherapy, imagery, biofeedback, psychoprophylaxis, therapeutic touch, TENS (Transcutaneous Electrical Nerve Stimulation), hydrotherapy, and distraction techniques. Bruscia (2014) states that music therapy itself is an emerging intervention that has recently developed as a systematic approach, with therapists assisting clients in enhancing their health through musical experiences and the relationships that develop among them as a dynamic force for change. Music can be used to maintain and restore health, both physical and mental health.

2. METHODOLOGY

The research design used is a pre-experimental study with a One-group pre-post test design approach, which is a type of research that reveals cause-and-effect relationships by involving a single group of subjects. The subject group was observed before the intervention, and then observed again after the intervention. This study will obtain the prevalence or effect of a phenomenon (dependent variable) linked to its causes (independent variable). (Nursalam, 2014).

This research was conducted in the delivery room of the dr. Doris Sylvanus Regional Public Hospital in Palangka Raya. The population for this study consisted of pregnant women who were going to give birth in the delivery room of the dr. Doris Sylvanus Regional Public Hospital in Palangka Raya, totaling 50 individuals. The sample of mothers who would be giving birth in the delivery room of the dr. Doris Sylvanus Regional Public Hospital in Palangka Raya was 25 individuals, using purposive sampling technique. The instrument used in this study is an anxiety questionnaire administered before and after classical music therapy.

3. RESULTS

3.1 General Data

General data refers to demographic data obtained by researchers during their study. The general data in this study includes the mother's last education, age, occupation, gestational age, whether they have received information about the childbirth process, the sources of information obtained, and the level of anxiety.

Table 1: Results of Demographic Data Identification of Mothers in the Delivery Room of RSUD dr. Doris Sylvanus

Last Education	Frequency	Percentage (%)
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Senior High School	11	44%
Higher Education Institution	14	56%
Total	25	100 %
Age	Frequency	Percentage (%)
17-25 Year	16	64%
26-35 Year	9	36%
Total	25	100 %
Job	Frequency	Percentage (%)
Housewife	10	44%
Private/Entrepreneurial	11	40%
Civil servant	4	16%
Total	25	100 %
Pregnancy Age	Frequency	Percentage (%)
38-40 weeks	21	(83%)
>40 weeks	4	(17%)
Has she ever received information?	Frequency	Percentage (%)
Yes	23	92%
No	2	8%
Total	25	100 %
Source of Information	Frequency	Percentage (%)
Health Officer	23	100%
Total	23	100

3.1 Focus Data

The following were the results of the identification of maternal anxiety before and after being given classical music therapy in the delivery room of RSUD dr Doris Sylvanus Palangka Raya, along with the statistical test results.

Table 2: The results of identifying the anxiety of mothers in labor before being given classical music therapy in the delivery room of RSUD dr. Doris Sylvanus Palangka Raya..

Level of Anxiety	Frequency	Percentage (%)
No Anxiety	0	0%
Mild Anxiety	0	0%
Moderate Anxiety	9	36%
Severe Anxiety	16	64%
Severe Anxiety/Panic	0	0%
Total	25	100 %

Based on the research results in the table above, the level of anxiety before music therapy was as follows: moderate anxiety in 9 respondents (36%) and severe anxiety in 16 respondents (64%), with a total of 25 respondents.

Table 3: Results of Identifying the Level of Anxiety in Laboring Mothers After Receiving Classical Music Therapy in the Delivery Room of RSUD dr Doris Sylvanus Palangkaraya.

Level of Anxiety	Frekuensi	Persen (%)
No Anxiety	0	0%
Mild Anxiety	9	35%
Moderate Anxiety	13	58%
Severe Anxiety	3	7%
Severe Anxiety/Panic	0	0%
Total	25	100 %

Based on the research results in the table above, the level of anxiety among respondents after receiving classical music therapy shows that there are 9 respondents (35%) with mild anxiety, 13 respondents (58%) with moderate anxiety, and 3 respondents (7%) with severe anxiety, out of a total of 25 respondents.

The following is the analysis results of the Wilcoxon Test to examine the Effect of Classical Music Therapy on the Anxiety Levels of Pregnant Women in the Delivery Room of RSUD dr Doris Sylvanus Palangka Raya.

Table 4: Results of the Wilcoxon Test on the Effect of Classical Music Therapy on the Anxiety Levels of Pregnant Women in the Delivery Room of RSUD dr Doris Sylvanus Palangka Raya.

Test Statistics ^a	
Post_Test - Pre_Test	
z	-4.690 ^b
Asymp. Sig. (2-tailed)	,000

a. Wilcoxon Signed Ranks Test

b. Based on positive ranks.

Based on the results of the Wilcoxon statistical test analysis, the Sig. (2-tailed) value is p (value) 0.000 with a significance level of $p < 0.05$, which means H_1 is accepted, indicating a significant effect between the two variables. This means that there is an influence of music therapy on the pre-test and post-test, which can be stated that there is an effect of music therapy on the anxiety levels of mothers in labor in the Delivery Room of RSUD dr Doris Sylvanus Palangka Raya.

4. CONCLUSIONS

Based on the research results from 25 respondents (100%), the pre-test showed that there were no respondents with criteria of no anxiety and mild anxiety. There were 9 respondents (36%) with moderate anxiety, 16 respondents (64%) with severe anxiety, and no respondents with criteria for very severe/panic anxiety. Meanwhile, the post-test revealed that there were no respondents with criteria of no anxiety, 9 respondents (35%) with mild anxiety, 13 respondents (58%) with moderate anxiety, 3 respondents (7%) with severe anxiety, and no respondents with very severe/panic anxiety. The results of the Wilcoxon statistical test show a significance value (2-tailed) with a p-value of 0.000 and a significance level of $p < 0.05$, which means H_1 is accepted. From this research, it can be concluded that classical music therapy has an impact on the anxiety levels of mothers in labor in the delivery room of RSUD dr Doris Sylvanus Palangka Raya.

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