



**THE EFFECT OF *EMOTIONAL FREEDOM TECHNIQUE* (EFT) THERAPY  
ON ANXIETY LEVELS IN PRE-MOTHERS *SECTIO CAESAREA* AT  
INDEPENDENT PRACTICING MIDWIFE (IPM) BENGKULU CITY**

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### **ABSTRACT**

*Anxiety in mothers before giving birth reaches 18-70% from 5.263.057 which can have an impact on delaying surgery, increasing hospitalization days, and can cause postpartum depression. Research in Indonesia also shows that pregnant women who experience high levels of anxiety can increase the risk of premature birth and even miscarriage. The purpose of this study was to determine the effect of emotional freedom technique (EFT) therapy on the level of anxiety in pre-sectio caesarea mothers at IPM Bengkulu City. The research design used was a quasi-experiment design with a pretest-posttest design with a control group. The study sample was pregnant women aged  $\geq 35$  weeks with indications of SC (displacement, fetal/pelvic disproportion, previous SC history, twins). The number of samples in this study was 34 respondents (17 respondents in each group). The sampling technique used in this research is total sampling. The instrument used is the anxiety assessment scale pregnant for women in labour (AASPWL). Data analysis was performed using the wilcoxon test and the mann-whitney test with a confidence value of 0.05. The results showed that after being given the EFT intervention there was a difference in the level of anxiety scores in sectio caesarea mothers with a mean difference of around 3.24 (p-value 0.000). The EFT intervention is a benefit for lower anxiety in mothers before delivery by SC.*

*Keywords: Anxiety, Emotional Freedom Technique, Sectio Caesarea*

### **ABSTRAK**

*Kecemasan pada ibu menjelang bersalin mencapai angka 18-70% dari 5.263.057 yang bisa berdampak pada penundaan operasi, meningkatkan hari rawat dan bisa menyebabkan depresi postpartum. Penelitian di Indonesia juga menunjukkan bahwa ibu hamil yang mengalami kecemasan tingkat tinggi dapat meningkatkan resiko kelahiran bayi prematur bahkan keguguran. Untuk mengetahui pengaruh terapi emotional freedom technique (EFT) terhadap tingkat kecemasan pada ibu pre sectio caesarea di BPM Kota Bengkulu. Desain penelitian yang digunakan adalah kuasi eksperimen dengan desain pretest-posttest with control group. Sampel penelitian adalah ibu hamil usia  $\geq 35$  minggu*

dengan indikasi SC (kelainan letak, disproporsi janin/panggul, riwayat SC sebelumnya, gemeli/kembar). Jumlah sampel penelitian ini 34 responden (17 responden pada setiap kelompok). Teknik sampling yang digunakan dalam penelitian ini adalah total sampling. Instrumen yang digunakan adalah anxiety assessment scale pregnant for woman in labour (AASPWL). Analisis data dilakukan dengan uji wilcoxon dan uji mann-whitney dengan nilai keyakinan  $\alpha$  0,05. Hasil penelitian menunjukkan setelah diberikan intervensi EFT terdapat perbedaan tingkat skor kecemasan pada ibu sectio caesarea dengan mean difference sekitar 3,24 (p-value 0,000). Intervensi EFT bermanfaat untuk menurunkan kecemasan pada ibu menjelang persalinan SC.

Kata Kunci: *Emotional Freedom Technique*, Kecemasan, *Sectio Caesarea*

## INTRODUCTION

Childbirth is a very important process for a woman, because at that time the mother waits for the presence of the baby she is waiting for. In the labor process, there are 2 methods carried out, namely vaginal labor or natural delivery and sectio caesarea (SC) delivery (Cunningham et al, 2018). SC is a labor process that is carried out surgically on the abdominal wall and uterus of the mother to remove the baby or fetus (Nurarif, 2016).

Indications for delivery through SC are mothers with a narrow pelvis of less than 8 cm, tumors in the birth canal, mothers who have cervical or vaginal stenosis, placenta previa totalis or sub totalis, pelvic cephalo dysphobia, uterine rupture, prolonged labor, severe pre-eclampsy (PE), premature rupture of membranes (PROM), history of previous SC labor, and others (Wiknjastro, 2010). SC indications can also be done based on fetal or infant factors due to location abnormalities, fetal distress, umbilical cord prolapse with a small opening, and failure in vaginal delivery / vacuum. The prevalence of SC delivery rate of 13.6% is due to indications of PROM and the rest due to other factors such as location abnormalities in the fetus, PE, and previous SC history (Kemenkes RI, 2018).

SC delivery can cause complications. Some complications that can occur in post SC, including surgical wound infection, anesthesia complications, puerperal infection, bleeding, and deep vein thrombosis. In addition, SC is also a stressor that can cause anxiety in mothers before labor and after labor (Dewi, 2015).

Anxiety is a natural feeling felt by every individual that can make someone uncomfortable, anxious and worried continuously. Anxiety is also defined as a person's unpleasant emotional state that raises fears that something bad will happen (Nevid et al., 2018). The source of maternal anxiety before giving birth generally occurs due to often imagining whether the mother's delivery process is smooth and whether the fetus to be born is normal (Hasim, 2018). This is in line with the opinion (Kurniasih, 2006), that mothers who will experience the labor process tend to have excessive emotions that can increase anxiety. Anxious mothers in general can experience disruption of sleep patterns, heart palpitations (physiological aspects), and feel restless and worried (psychological aspects). Meanwhile, in the cognitive aspect, mothers usually find it difficult to concentrate (Romalasari & Astuti, 2020). Perlu diketahui bahwa kecemasan merupakan suatu keadaan normal yang mungkin di rasakan oleh setiap orang jika ada jiwa yang mengalami tekanan atau perasaan yang sangat dalam sehingga dapat menyebabkan masalah psikiatris. Penelitian di Indonesia menunjukkan bahwa ibu hamil yang mengalami kecemasan tingkat tinggi dapat meningkatkan resiko kelahiran bayi prematur bahkan keguguran (Heriani, 2016).

The level of anxiety is divided into 4 levels, namely mild, moderate, severe to panic anxiety (Musyasaroh, 2020). Based on a study conducted in Columbia by Nisa et al (2018) on 650 low-risk pregnant women with a gestational age of 35-39 weeks, it was found (25%) pregnant women experienced high levels of anxiety before delivery. Of the 5,263,057 number of pregnant women

in Indonesia, the incidence of anxiety in pregnant women reaches 18-70%, including anxiety occurs in pregnant women before childbirth (Nelsi et al., 2019). Based on data from 8,255 maternity women in Indonesia, 13.8% of them were carried out by cesarean section (Yogatama & Budiarti, 2020). Then a study conducted by Ma'rufa et al (2019) of 35 pregnant women who will be carried out SC childbirth, as many as 9 (27.3%) experience moderate anxiety, while 24 (72.7%) other mothers are at mild anxiety levels (Ma'rufa et al., 2019; Oktavia et al., 2016).

The mother's response may vary when getting information about the birth plan with SC. This response affects the mother's anxiety level. The level of maternal anxiety on a mild to moderate scale, is considered within reasonable limits. However, when the level of anxiety becomes severe to panic, and cannot be handled properly and sustainably, it will have an impact on the labor process (Brunner & Suddarth, 2014).

Some mothers who will be carried out by SC are afraid of losing consciousness, and afraid that at any time they may die (Rosdahl et al., 2014). This study is in line with the opinion (Kiruthiga, 2017), that anxiety in mothers can increase when mothers worry about pain after surgery, worry about dependence on others, worry about disability and cause death during injection. Some studies also say the impact of SC anxiety is associated with increased pain after SC, the need for analgesics, length of hospital stay and even leads to postpartum depression (Sahin et al., 2016). Isnaeni et al., (2012) also explained that anxiety that occurs in perioperatives can increase pain and injury after surgery, so that it can worsen the condition after surgery (Isnaeni et al., 2012).

The impact of this anxiety can cause delays in the operation to be carried out. The study conducted (Hartono et al., 2017), as many as 9834 patients planned surgery at RSUP Dr. Sardjito Yogyakarta, 1879 (19.10%) of them postponed surgery due to anxiety, and a study conducted at Majalaya Hospital Bandung there were 30 mothers experiencing pre-eclampsia due to anxiety (Trisiani & Hikmawati, 2016). In addition, a study conducted by Ahmetovic-Djug et al (2017) anxiety can also increase the dose of anesthetic drugs.

The results of a preliminary study conducted by researchers at independent practicing midwife Susi Irma Novia and Ptatama Mutiara Agma Clinic in Bengkulu City in June based on the most monthly ANC visits from 55 pregnant women, 34 of whom experienced anxiety before SC with 4 (23.52%) experiencing mild anxiety and 13 (76.47%) moderate anxiety. Efforts made by midwives to overcome patient anxiety are by teaching deep breathing. However, among the respondents studied, some have not been able to do deep breathing according to good and correct SOPs, so that the deep breath carried out has not been optimal in reducing anxiety.

Some complementary therapies that can be done to reduce and control anxiety include deep breathing techniques, muscle relaxation, imagery, distraction techniques, energy therapy, the use of coping methods and others (Shari et al., 2014). One part of energy therapy that will be used by researchers is emotional freedom technique (EFT) (Purwaningsih & Rosa, 2014). EFT therapy uses a combination of the body's energy system and body point tapping techniques so that it can make feelings more relaxed and comfortable. The mechanism of EFT is similar to acupuncture but is done without using needles (Rancour, 2017).

EFT is also known as tap therapy, which is done quickly, gently and practically to release negative emotions in the body due to anxiety. EFT therapy technique is by perceiving self-acceptance sentences and combined with lightly tapping (tapping) meridian points of the body to send signals that function to calm the brain (Saputra et al., 2012). According to Iskandar (2010), emotional freedom technique (EFT) therapy is a psychological therapy to reduce negative emotions, such as

feelings of anxiety and excessive worry. A study conducted by Yahya (2015) found that the provision of EFT can reduce the anxiety level of preoperative patients. Based on searching literature sources, studies related to the effect of EFT in overcoming anxiety in pre-SC mothers have never been conducted in Bengkulu and are still limited.

Based on the results of a study conducted by Navianti et al (2018) entitled "the reduction of anxiety and pain during venous blood sampling using hypno-EFT (Emotional Freedom Techniques)" showed that the results of the study found there was a significant effect of hypno-EFT therapy to decrease the anxiety and pain during venous blood sampling. This method is recommended as an alternative procedure in venous blood sampling with complicating factors.

The results of another study conducted by Navianti et al (2018) the reduction of anxiety and pain during venous blood sampling using hypno-EFT (emotional freedom technique) method on students who will take the National Final Exam (UN) found that EFT therapy was effective in reducing anxiety shown from 35 respondents who originally experienced 25 (71.4%) people with moderate anxiety and 10 (28.6) severe anxiety to 1 (34.3%) people with severe anxiety, while others were lightly anxious.

From the description that has been described, EFT therapy is needed that can reduce negative emotions in the body due to the impact of anxiety so that researchers are interested in conducting research on "the effect of emotional freedom technique (EFT) therapy on anxiety levels in pre-section caesarea mothers at independent practicing midwife (IPM) Bengkulu City.

## METHODS

This type of research is quantitative research with a quasi-experimental approach using pre-test and post-test design with 2 control group design. This research was conducted in June-July 2022 at IPM Bengkulu City, using consecutive sampling techniques. The reason for choosing this research site is in accordance with the wishes of researchers and based on the most ANC visits every month at IPM Bengkulu City. To determine the intervention and control groups using total sampling techniques. The samples studied were all pregnant women before SC who experienced anxiety. The total number of samples in this study was 34 people (17 people as the EFT intervention group and 17 people as the control group who were given deep breath intervention). The samples used by the researchers were in accordance with inclusion and exclusion criteria. To determine the anxiety score of mothers who experience anxiety, the Anxiety Assessment Scale for Pregnant Women in Labour (AASPWL) questionnaire sheet is used which is recorded on the AASPWL score observation sheet. Data analysis using wilcoxon and man-whitney tests.

## RESULTS

**Table 1**  
**Overview of respondents' characteristics and equality test**

No	Variable	Group		P Value
		Intervention	Control	
1	Age			0.382*
	Mean	25.94	25.12	
	Min	22	23	
	Max	31	27	
	SD	2.436	1.364	
	SE	0.591	0.331	
	CI 95 %	24.69-27.19	24.42-25.82	
2	Education			0.720*
	High School	12 (70.6%)	10 (58.8%)	

	Bachelor	5 (29.4%)	7 (41.2%)	
3	Occupation			
	Not Working	11 (64.7%)	12 (70.6%)	1.000*
	Work	6 (35.3%)	5 (29.4%)	
4	Paritas			
	Primipara	13 (76.5%)	11 (64.7%)	0.707*
	Multipara	4 (23.5%)	6 (35.3%)	
5	Surgical Experience			
	Has not undergone cesarean section	14 (82.4%)	11 (64.7%)	1.000*
	Has undergone cesarean section	3 (17.6%)	6 (35.3%)	
6	Income			
	Rp. <2.200.000 UMR/Month	7 (41.2%)	5 (29.4%)	0.720*
	Rp. >2.200.000 UMR/Month	10 (58.8%)	12 (70.6%)	

SD, Standard Deviation, \*sig  $p$  value > 0,05

Table 1 illustrates the age characteristics of respondents in the intervention group and control group in the range of 22-31 and 23-27 years, respectively. The youngest was 22 years and the oldest was 31 years with the average age in both groups being 26 years. The education of respondents in most of the intervention group was secondary school (70.6%), as well as in the control group most of the 58.8% were secondary school. The work of respondents in both the intervention and control groups was mostly unemployed, at 70.6% and 64.7%. The parity of respondents in the intervention group and control group was mostly primigravida, namely 76.5% and 64.7%. Previous surgical experience in most intervention and control groups was that there had never been a history of SC childbirth at 76.5% and 64.7%, respectively. The income of intervention group respondents was mostly Rp.  $\geq$  2,200,000 UMR/Month (58.8%), as well as control group respondents mostly Rp.  $\geq$  2,200,000 UMR/Month (70.6%).

The results of the normality test on numeric data variables (age) show that the data is not normally distributed. While the homogeneity test results in table 5.1 show that there is no significant difference in all variables (equivalent) with  $p$  value > 0.05.

Table 2  
Overview of anxiety scores before intervention treatment

Variabel	Group		$P$ Value
	Intervention	Control	
Anxiety score			
Mean	18.29	17.00	
Min	14	14	
Max	21	21	0.056*
SD	1.993	2.372	
SE	0.483	0.575	
CI 95 %	17.27-19.32	15.78-18.22	

SD, Standard Deviation, \*homogeneity sig  $p$  value > 0,05 a 95%

Based on table 2, the average anxiety score of pre-SC pregnant women before intervention in the intervention group was 18.29 which was in the range of 14-21 with SD values of 1,993, SE 0.483 with a confidence level of 95% (17.27 to 19.32). In the control group, the mean anxiety before intervention was 17.00 which was in the range of 14-21 with SD values of 2.372, SE 0.575 with a confidence level of 95% (15.78 to 18.22). The anxiety variable shows the data is not normally distributed. While the results of the homogeneity test analysis obtained the result  $p$  value = 0.056 which means there is no significant difference in all variables or the respondent's anxiety score is equivalent to  $p$  value > 0.05.

**Table 3**  
**Differences in Average Anxiety Scores Before and After Intervention Treatment**

Anxiety Score Variables	Group		P Value Intergroup
	Intervention (n-17) Mean (SD)	Control (n-17) Mean (SD)	
Before the Intervention	18.29 (1.993)	17.00 (2.372)	0.056*
After the Intervention	13.24 (1.437)	15.18 (2.531)	0.022*
P Value in groups	0.000**	0.000**	

SD, Standard Deviation, \*homogeneity sig  $p$  value > 0,05 a 95% \*\* Wilcoxon, \*Man-Whitney

Based on table 3 there is an influence on the intervention and control groups, the results of *the Wilcoxon* statistical test show *the p value* in the group is the same which is 0.000 ( $p$  value  $\leq \alpha$  0.05) which means there is a difference in the average anxiety score before and after the EFT intervention and deep breathing. When compared between the two groups based on the results of the *Man-Whitney* statistical test showed a *p value* of 0.022 ( $p$  value  $\leq \alpha$  0.05), meaning that there was a difference in the average value of anxiety scores between groups after the intervention. So it can be concluded that EFT interventions are more effective in reducing anxiety levels compared to deep breath interventions.

**Table 4**  
**The Effect of EFT Therapy on The Anxiety Level of Pre Sectio Caesarea Mothers**

Group	Mean Group (SD)	Mean Difference	P value
Intervention	5.06 (1.197)	3.24	0.000
Control	1.82 (0.728)		

\*man whitney

Based on table 4, there was a difference or difference in anxiety scores in the intervention group after being given the EFT intervention of 5.06, while the difference in anxiety scores in the control group after being asked to do deep breathing was only 1.82 with a *mean difference* value of around 3.24. Based on the results of statistical tests using *man-whitney*, a *p value* of 0.000 ( $p$  value  $\leq \alpha$  0.05) means that there is a difference in the average decrease in anxiety scores. So it can be concluded that EFT is more influential in reducing anxiety levels in *pre-sectio caesarean mothers*.

## DISCUSSIONS

EFT therapy is done using a combination of the body's energy system and body point tapping techniques so that it can make feelings more relaxed and comfortable. EFT therapy technique is by perceiving sentences of self-acceptance and combined with lightly tapping (tapping) the meridian points of the body to send signals that function to calm the brain (Saputra, A., & Sugeng, 2012). This study was conducted with a duration of 15-30 minutes for 3 consecutive days on each respondent. This is done in line with Syahril's (2015) study that the process of applying EFT is given for  $\pm 15$  minutes starting from the set up stage, the sequence, and gammut procedure (Syahril, 2015)

The results of this study showed a decrease in the anxiety score of the intervention group before EFT by 18.29 (moderate anxiety) and after EFT to 13.24 (mild anxiety) with  $p$  value = 0.000. In the control group, anxiety scores before breathing intervention were mostly moderate anxiety (17.00) to mild anxiety (15.18) with a  $p$  value of 0.00. So that the difference in the average score of anxiety

before and after treatment in the intervention group was 5.06 and in the control group only 1.82 with a mean difference value of about 3.24. The results of statistical tests using Mann-Whitney obtained a p value of 0.000 which means there is a difference in the average anxiety score before and after the intervention in the intervention group and control group. Therefore, it can be inferred that EFT proves to be more efficient in decreasing anxiety among mothers undergoing pre-cesarean section (SC) compared to deep breathing techniques. This finding aligns with research by Yahya (2015), demonstrating the effectiveness of EFT interventions in alleviating anxiety levels among preoperative patients (Yahya, 2015; Imamah et al., 2023).

Based on the results of a study related to anxiety conducted by Yahya (2015) entitled "The effect of emotional freedom technique therapy on reducing the anxiety level of preoperative patients in the surgical room of Panembahan Senopati Bantul Hospital Yogyakarta" showed that the results of the study found that EFT was more effective in reducing anxiety levels in the intervention group (The post-test average was 2.44 points lower than the pre-test score) compared to the control group without being given EFT (0.08 points lower than the pretest) (Yahya, 2015).

Another study conducted by Navianti (2018) on the reduction of anxiety and pain during venous blood sampling using hypno-EFT (emotional freedom technique) method in students who will take the National Final Examination (UN) found that EFT therapy is effective in reducing anxiety shown from 35 respondents who originally experienced 25 (71.4%) people with moderate anxiety and 10 (28.6) severe anxiety to 1 (34.3%) people with severe anxiety, while others were lightly anxious. Likewise, a study of self-administered EFT (emotional freedom techniques) in individuals with fibromyalgia: a randomized trial in fibromyalgia patients in Sweden in 2008 found that there was a decrease in anxiety ( $p = 0.03$ ) accompanied by a decrease in pain in fibromyalgia patients ( $p = 0.02$ ) after being given EFT (Bella & Sutantri, 2022; Imamah et al., 2023; Navianti et al., 2018).

## **LIMITATION OF THE STUDY**

This research did not test other potential influencing factors through multivariate analysis.

## **CONCLUSIONS AND SUGESTIONS**

The conclusion of this study is that pregnant women before cesarean section are generally around 26 years old, have a level of education mostly high school, do not work / IRT, have never given birth or had a cesarean section before, and have an income above UMR. Interventions using Emotional Freedom Technique (EFT) are effective in reducing the anxiety levels of pregnant women before cesarean section. The intervention group showed a more significant reduction in anxiety levels than the control group that did not receive the EFT intervention. The recommendation stemming from this research is to consider incorporating EFT as an alternative approach for expectant mothers facing anxiety prior to undergoing cesarean section. EFT could complement holistic care strategies aimed at promoting a sense of calmness among pregnant women as they approach delivery.

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No conflict of interest

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