

GIVING LAVENDER AROMATHERAPY CANDLES TO OVERCOME ANXIETY IN PRIMIGRAVIDA PREGNANT WOMEN IN TRIMESTER III AT THE KANIGORO HEALTH CENTER, BLITAR DISTRICT

Tutik Herawati¹, Afrossa Yean Adinda², Dyah Widodo³, Budiono⁴
^{1,2,3,4} Department of Nursing, Politeknik Kesehatan Kemenkes Malang, Indonesia
Email: tutikherawati71@gmail.com

ABSTRACT

Pregnancy can be an emotional crisis for some women and if not handled properly can cause maternal and neonatal complications. This research method uses descriptive qualitative with the aim of seeing the level of anxiety or anxiety of pregnant women in the third trimester before and after being given lavender aromatherapy candles. The research instruments used are HARS scale measurements, structured interview sheets, SOP for the use of aromatherapy candles, and observation sheets. Research conducted on two research subjects at UPT Puskesmas Kanigoro Blitar Regency, the results of HARS scale measurements before being given lavender aromatherapy candles to overcome anxiety in primigravida pregnant women in trimester III are mild anxiety. The results of the HARS scale measurement show Mrs. A's score of 16 and Mrs. S's score of 15. In the measurement of the HARS anxiety scale, research subject one (Mrs. A) there was a change in the mother's anxiety scale before and after giving lavender aromatherapy candles, namely 16 to 7 with a difference of 9 numbers which were previously categorized as mild anxiety to no anxiety, while in research subject two (Mrs. S) the change in the mother's anxiety scale before and after giving lavender aromatherapy candles was 15 to 14 with a difference of 1 where both scores before and after the action were still categorized as mild anxiety. Differences in results after research can be caused by differences in many factors from each individual which can affect the process and results of research. Future research can use descriptive analysis research methods where research can be described through data and samples that have been taken with more thorough results.

Keywords: anxiety; aromatherapy; trimester III primigravida pregnant women

BACKGROUND

Pregnancy can be an emotional crisis for some women and if not managed properly can lead to maternal and neonatal complications (Shahhosseini, Z., Pourasghar, M., Khalilian, A., & Salehi, 2015). There is ample evidence to suggest that many somatic and psychological problems, including fear, anxiety and depression are associated with pregnancy (Glasheen, C., Richardson, G. A., & Fabio, 2010). Pregnant women experience anxiety such as emotional reactions when caring for themselves and the fetus, continuing pregnancy, giving birth, postpartum, and fulfilling maternal roles (Alza, N., 2017).

Anxiety during pregnancy is estimated to affect between 15-23% of women and is associated with an increased risk of adverse outcomes for both mother and child (Dennis, C.-L., Falah-Hassani, K., & Shiri, 2017). The prevalence of anxiety in pregnant women is estimated to be 7-20% in developed countries, but more than 20% in developing countries (Biaggi, A., Conroy, S., Pawlby, S., & Pariante, 2016). In Indonesia alone, 28.7% of pregnant women reported experiencing anxiety in late pregnancy (Siallagan, D., & Lestari, 2018).

Pregnant women's anxiety increases towards the end of pregnancy, mostly due to fear of childbirth and labor pains (Kiruthiga, 2017). Lack of knowledge and anxiety of the unknown during pregnancy and labor make mothers anxious and fearful. Fear, anxiety and depression are associated with problems such as preterm labor and low birth weight (Hasim, 2018). Pain or sickness will definitely be experienced by women who will give birth. The thing that will be worried about is if the woman who will give birth cannot withstand the pain and is left is that the mother's concentration on facing labor will be disturbed which can endanger the mother or baby, and can cause death (Ardyanti, 2012). Many factors can cause anxiety in pregnant women. Family support and the environment affect the level of anxiety in pregnant women, therapeutic communication can also affect anxiety in pregnant women (Susilowati, 2012).

The provision of aromatherapy can be done in various ways, including by using an oil burner or heating brazier, aromatherapy candles, massage, inhalation, soaking smearing directly on the body. Scientifically, these reactions occur because scents send certain signals to the parts of the brain that regulate our emotions (Ardyanti, 2012). One of the most popular fragrances in aromatherapy is lavender. One of the most popular fragrances in aromatherapy is lavender. Lavender flowers are small and purple in color. Lavender flowers can be applied to the skin. In addition to its fragrant aroma, lavender can also prevent mosquito bites.

Most aromatherapy that uses lavender oil is believed to provide a relaxing effect for tense nerves and muscles (carminative) after tired activities. The effect of lavender flowers is to provide drowsiness (sedative). Many studies say that aromatherapy is proven effective in reducing anxiety in third trimester pregnant women in the face of labor.

According to research by Tobing et al (2016), lavender aromatherapy candles can affect the level of anxiety in pregnant women before childbirth in 60 pregnant women respondents at the YRH independent midwife clinic in Pematangsiantar City (Sianipar, K., Sinaga, R., & Nainggolan, 2017).

Based on the author's experience related to the administration of aromatherapy candles to three people who experienced anxiety on a mild-moderate scale, aromatherapy candles were shown to be able to reduce anxiety in some people. Therefore, researchers are interested in conducting research on pregnant women, especially primigravida pregnant women in the third trimester about giving lavender aromatherapy candles to overcome anxiety in primigravida pregnant women in the third trimester with the case study method and direct administration and evaluation to the research subject.

METHODS

This research uses a case study, namely by conducting a research problem in a single form and analyzed in depth. The research design used in this research process is descriptive qualitative research design, where descriptive qualitative research is research used on objects with the aim of seeing the level of anxiety or anxiety of pregnant women in the third trimester before and after being given aromatherapy candles.

RESULTS

The subjects in this study were third trimester primigravida pregnant women who checked their pregnancy at the KIA poly UPT Puskesmas Kanigoro Blitar Regency. The subjects were included in the researcher's inclusion criteria and the research subjects obtained from this study were 2 people.

Subject Identity Table

| | Subject I | Subject II |
|-----------|------------------|--------------|
| Name | Mrs. S | Mrs. A |
| Age | 25 years | 28 years old |
| Religion | Islam | Islam |
| Education | S1 | S1 |
| Jobs | Private Employee | Teacher |
| Address | T 1/1 | K 2/3 |

The HARS scale measurement given to the research subject has 14 points with the following accumulated values:

(1) Before the application of lavender aromatherapy candles

a. Research Subject Mrs. S

The results of the HARS scale measurement Mrs. S got a score of 15 which means there is mild anxiety. Mrs. S scored 3 on 2 measurement points, score 2 on 3 measurement points, score 1 on 3 measurement points, and score 0 on 6 measurement points.

b. Research Subject Mrs. A

The results of the HARS scale measurement Mrs. A got a score of 16 which means there is mild anxiety. Mrs. A scored 3 on 2 measurement points, score 2 on 3 measurement points, score 1 on 4 measurement points, and score 0 on 5 measurement points.

(2) After administering lavender aromatherapy candles

a. Research Subject Mrs. S

After giving lavender aromatherapy candles for one week, Mrs. S got a score of 14 which means there is still mild anxiety in the HARS scale measurement. Mrs. S scored 2 on 6 measurement points, 1 on 2 measurement points, and 0 on 6 measurement points.

b. Research Subject Mrs. A

After giving lavender aromatherapy candles for one week, Mrs. A got a score of 7 which means that anxiety in Mrs. A decreased and even no anxiety. Mrs. A scored 2 on 1 measurement point, 1 on 5 measurement points, and 0 on 8 measurement points.

DISCUSSION

Based on the results of case studies conducted on two research subjects at UPT Puskesmas Kanigoro Blitar Regency, related to the results of HARS scale measurements and the use of lavender aromatherapy candles will be described as follows:

The results of the HARS scale measurements before being given lavender aromatherapy candles to overcome anxiety in both research subjects of third trimester primigravida pregnant women are mild anxiety.

In the results of measuring the HARS scale before and after giving lavender aromatherapy candles, the difference was obtained in Mrs. S HARS scale score 15 to 14, which is a difference of 1, then for Mrs. A got a HARS scale score of 16 to 7, which is a difference of 9. The results of structured interviews found that both research subjects already knew about aromatherapy, both research subjects did not have allergies to certain odors or fragrances, and the subject Mrs. A had used aromatherapy before while Mrs. S had never used aromatherapy before. because she was worried about the condition of her baby and the day of labor. The difference in the results of the HARS scale after the administration of lavender aromatherapy candles on the two research subjects was due to Mrs. S having two concerns related to the condition of the baby she was carrying and her baby's labor not going smoothly, while Mrs. A was only worried about the condition of her baby now. In addition, Mrs. S had never used aromatherapy before, while Mrs. A had used and used aromatherapy candles as a medium to relieve anxiety. Both research subjects have family support, especially their husbands, and

have understood the definition of anxiety and how to deal with the anxiety they experience. To overcome this anxiety, Mrs. S usually calms down and rests, while Mrs. A takes deep breaths, relaxes herself with aromatherapy candles, and prays.

CONCLUSION

On the results of measuring the HARS scale (*Hamilton Rating Scale For Anxiety*) before giving lavender aromatherapy candles to research subject Mrs. S got a score of 15 and research subject Mrs. A got a score of 16, the results of the HARS scale score on both research subjects were categorized as mild anxiety.

There are differences in the results of the HARS scale after giving lavender aromatherapy candles to the two research subjects, Mrs. S got a score of 14 categorized as mild anxiety and Mrs. A got a score of 7 categorized as no anxiety.

Changes in the measurement of the HARS anxiety scale before and after the administration of lavender aromatherapy candles for research subject one (Mrs. A) are 16 to 7 with a difference of 9 numbers which were previously categorized as mild anxiety to no anxiety, while in research subject two (Mrs. S) are 15 to 14 with a difference of 1 where both scores before and after the action are still categorized as mild anxiety. The difference in anxiety scale is caused by differences in things that are worried about each research subject.

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