

Positive Affirmations to Reduce Anxiety Levels in Primigravida Pregnant Women in the Sukaraya Community Health Center Work Area

Zahrotun Nisa' Setyoputri

Program Studi Kebidanan Program Sarjana, Sekolah Tinggi Ilmu Kesehatan Al Ma Arif Baturaja, Indonesia

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ABSTRACT/ ABSTRAK

ABSTRACT. *Primigravida pregnant women, namely those experiencing pregnancy for the first time, generally undergo physical and psychological changes that may trigger worry and anxiety, as pregnancy is a new experience. Such conditions can have adverse impacts, including stimulating uterine contractions, increasing the risk of complications, and impairing maternal well-being. One non-pharmacological approach to reduce anxiety is the application of positive affirmations. This study aimed to describe the implementation of positive affirmations in reducing anxiety levels among primigravida pregnant women at the Sukaraya Community Health Center. A descriptive case study design was employed, involving two primigravida pregnant women from April 20–24, 2025. Research instruments included the Perinatal Anxiety Screening Scale (PASS) questionnaire and observation sheets. The findings revealed that prior to the intervention, both subjects experienced severe anxiety; however, after five consecutive days of positive affirmation intervention, their anxiety levels decreased significantly. These findings suggest that positive affirmations can serve as a simple intervention applicable in healthcare services to help reduce anxiety levels in pregnant women, particularly those who are primigravida.*

ABSTRAK. Ibu hamil primigravida, yaitu ibu yang baru pertama kali hamil, umumnya mengalami perubahan fisik dan psikis yang dapat menimbulkan kekhawatiran serta kecemasan karena kehamilan merupakan pengalaman baru. Kondisi ini berdampak kurang baik, antara lain dapat merangsang kontraksi rahim, meningkatkan risiko komplikasi, dan mengganggu kesejahteraan ibu. Salah satu upaya nonfarmakologis yang dapat dilakukan untuk mengurangi kecemasan adalah dengan menerapkan afirmasi positif. Penelitian ini bertujuan untuk mendeskripsikan penerapan afirmasi positif dalam menurunkan tingkat kecemasan ibu hamil primigravida di Puskesmas Sukaraya. Desain penelitian yang digunakan adalah deskriptif dengan metode studi kasus pada dua orang ibu hamil primigravida yang dilakukan pada tanggal 20–24 April 2025. Instrumen penelitian menggunakan kuesioner Perinatal Anxiety Screening Scale (PASS) serta lembar observasi. Hasil penelitian menunjukkan bahwa sebelum intervensi, kedua subjek mengalami kecemasan berat, sedangkan setelah diberikan intervensi afirmasi positif selama lima hari berturut-turut, tingkat kecemasan keduanya menurun secara signifikan. Temuan ini menunjukkan bahwa afirmasi positif dapat menjadi salah satu intervensi sederhana yang dapat diterapkan di layanan kesehatan untuk membantu menurunkan tingkat kecemasan pada ibu hamil, khususnya ibu primigravida.

Corresponding Author:

Zahrotun Nisa' Setyoputri

Program Studi Kebidanan Program Sarjana, Sekolah Tinggi Ilmu Kesehatan Al Ma Arif Baturaja, Indonesia

Email: zahrotunnisasetyoputri@gmail.com

INTRODUCTION

Pregnancy is a process that begins with fertilization and continues until childbirth. Pregnancy progresses through three trimesters: the first trimester ranges from 0 to 13 weeks of gestation, the second trimester from 14 to 26 weeks, and the third trimester from 27 to 40 weeks. The process starts when an ovum is fertilized by sperm, then implanted in the uterus, and develops into a fetus (Sulistiyaningsih & Rofika, 2020). Pregnancy is considered a stressful event in life, as pregnant women experience both physical and psychological changes. An important initial step in accepting pregnancy is the ability to adjust to the role of becoming a mother. These physical and psychological changes can lead to worry and anxiety. Several factors contribute to anxiety during pregnancy, including age, educational level, occupation, and gravida status (Lilis et al., 2022).

Women who are pregnant for the first time are referred to as primigravida. Primigravida pregnant women tend to experience greater worry and anxiety about the upcoming childbirth, as it is a new experience. Their anxiety levels are generally higher compared to multigravida pregnant women (Putri et al., 2022). According to Putu Arya Wicaksana et al. (2024), anxiety levels among primigravida pregnant women are higher than those of multigravida. Their study reported that 22.5% of primigravida experienced mild anxiety, 30% moderate anxiety, 27.5% severe anxiety, and 20% very severe anxiety. Excessive worry and anxiety may cause uterine contractions in primigravida pregnant women. Increased blood pressure can lead to preeclampsia and even miscarriage. Moreover, it may also result in preterm birth and low birth weight infants (Puspa Gary & Hijriyati, 2020).

The high Maternal Mortality Rate (MMR) remains a concern for pregnant women. The World Health Organization reported that in 2020, there were 303,000 maternal deaths worldwide. Anxiety prevalence among pregnant women ranges from 7–20% in developed countries and exceeds 20% in developing countries (Nurul Basyiroh & Lailiyah, 2022). The 2022 Indonesia Demographic and Health Survey, conducted by the Central Statistics Agency (BPS), reported 305 maternal deaths per 100,000 live births in Indonesia. This figure is considerably high, exceeding both the national target of 183 per 100,000 live births and the Sustainable Development Goals (SDGs) target of 70 per 100,000 live births.

In 2023, the Maternal Mortality Rate in South Sumatra Province was recorded at 175 per 100,000 live births, a slight decrease from 195 per 100,000 in 2022. However, this figure still falls far short of the SDG target of 70 per 100,000 live births by 2030. Based on data from the Ogan Komering Ulu District Health Office in 2023, there were 31,528 pregnant women registered across 22 sub-district community health centers, with 593 women (1.9%) recorded in the Sukaraya Community Health Center Work Area. A preliminary survey conducted by the authors revealed 140 antenatal visits to the Sukaraya Community Health Center between January and March 21, 2025, of which 50 visits were from primigravida pregnant women. Of these, 5 out of 10 reported moderate anxiety, 3 reported mild anxiety, and 2 reported severe anxiety.

Non-pharmacological therapies for worry and anxiety are known to have minimal side effects. These therapies include regular and continuous positive affirmations, prenatal yoga, pregnancy exercises, hypnotherapy, and breathing techniques. Studies have shown that when pregnant women practice breathing techniques and memorize positive affirmations regularly and consistently, worry and anxiety can be reduced due to the release of serotonin and endorphins. These hormones help regulate the nervous system in a harmonious and balanced

manner, making mothers feel calmer and happier (Martin & Ernawati, 2024). Positive affirmations are positive statements spoken aloud regularly and continuously to oneself. They help pregnant women develop self-love, view their environment as safe, increase self-confidence, and cultivate a positive self-perception (Ardika et al., 2021).

Based on this background, it can be inferred that positive affirmations play a role in reducing anxiety levels among primigravida pregnant women. Therefore, the authors were motivated to conduct a simple case study titled “Positive Affirmations to Reduce Anxiety Levels in Primigravida Pregnant Women in the Sukaraya Community Health Center Work Area.”

RESEARCH METHOD

This study employed a descriptive design with a case study method aimed at illustrating the application of positive affirmations in reducing anxiety levels among primigravida pregnant women. The study was conducted in the Sukaraya Community Health Center work area from April 20–24, 2025, involving two third-trimester primigravida pregnant women as research subjects, selected based on inclusion criteria and their willingness to participate. Research instruments included the Perinatal Anxiety Screening Scale (PASS) questionnaire to assess anxiety levels and observation sheets to record changes in the subjects’ conditions during the intervention. The procedure began with an initial measurement of anxiety levels using the PASS, followed by the administration of positive affirmation interventions regularly for five consecutive days accompanied by observation, and subsequently, a post-intervention reassessment of anxiety levels using the PASS. The data obtained were analyzed descriptively and presented in narrative and tabular form to illustrate changes in anxiety levels before and after the intervention.

RESULTS

Subject Characteristics

Table 1. Characteristics of Primigravida Pregnant Women in the Sukaraya Community Health Center Work Area

Characteristics	Subject 1	Subject 2
Age	24 years	24 years
Occupation	Housewife	Housewife
Gestational Age	32 weeks	36 weeks
Last Menstrual Period (LMP)	September 13, 2024	August 10, 2024
Estimated Due Date (EDD)	June 20, 2025	May 17, 2025
Body Weight	60 kg	66 kg
Height	156 cm	153 cm
Mid-Upper Arm Circumference (MUAC)	25 cm	27.5 cm
Anxiety Level	Severe Anxiety PASS Score: 69	Severe Anxiety PASS Score: 73

Based on Table 1, both subjects were primigravida pregnant women aged 24 years, with housewife status. Subject 1 had a gestational age of 32 weeks, while subject 2 was 36 weeks. Obstetric history indicated that the Last Menstrual Period (LMP) of subject 1 was

September 13, 2024, with an Estimated Due Date (EDD) of June 20, 2025, whereas subject 2 had an LMP of August 10, 2024, with an EDD of May 17, 2025. In terms of nutritional status, subject 1 weighed 60 kg with a height of 156 cm and a Mid-Upper Arm Circumference (MUAC) of 25 cm, while subject 2 weighed 66 kg with a height of 153 cm and MUAC of 27.5 cm. Anxiety levels measured using the Perinatal Anxiety Screening Scale (PASS) showed that both subjects were in the severe anxiety category, with PASS scores of 69 (subject 1) and 73 (subject 2). These findings indicate that prior to the positive affirmation intervention, both subjects experienced high levels of anxiety, which could potentially affect their physical and psychological conditions during pregnancy.

Observation Results of Anxiety Levels

Table 2. Anxiety Levels of Subjects 1 and 2 Before and After Positive Affirmation Intervention

Day	Anxiety Assessment	PASS Score	
		Subject 1	Subject 2
Day 1	Pre-intervention	69	73
Day 5	Post-intervention	29	26

A decrease in anxiety levels was observed after five days of positive affirmation intervention. This was evident from the differences in PASS scores before and after the intervention: subject 1 had a PASS score of 69 on the first day prior to implementation, which decreased to 29 on the final day; subject 2 had a PASS score of 73 at baseline, which decreased to 26 on the final day.

DISCUSSION

Anxiety is a common reaction to unpleasant conditions and is experienced by everyone in daily life. For first-time mothers, primigravida pregnant women often feel worried and anxious about the childbirth process, as it is a new experience. Positive affirmations, which combine deep breathing techniques with the repetition of words that emphasize the positive aspects of life, have been shown to reduce worry and anxiety when practiced regularly and continuously. This effect occurs because the body releases serotonin and endorphins, hormones that help the nervous system function in a harmonious and balanced manner, thereby improving the emotional state of pregnant women, making them calmer and happier (Edwad et al., 2025).

In line with the PASS scores used to measure anxiety levels, there was a reduction in anxiety levels in both subjects before and after five consecutive days of positive affirmation intervention. This finding is consistent with previous research by Putri et al. (2022), which demonstrated that autogenic relaxation techniques could influence anxiety levels among primigravida pregnant women. According to Prahardian, autogenic relaxation may serve as an alternative non-pharmacological therapy for managing anxiety. As a non-pharmacological approach, autogenic relaxation utilizes positive affirmation statements practiced regularly and continuously to calm the mind.

Before the intervention, both subjects underwent an initial anxiety assessment using the Perinatal Anxiety Screening Scale (PASS), which showed that both were experiencing severe anxiety. On the first day of intervention, subject 1 reported difficulty sleeping peacefully and displayed restlessness by frequently changing seating positions, while subject

2 was able to manage her restlessness and follow the intervention more effectively. On the second day, subject 1 began to manage her restlessness but still reported sleep difficulties, whereas subject 2 showed less attentiveness during the intervention. A limitation of this study was that the presence of family members in the household occasionally interrupted the intervention. By the third day, both subjects appeared more focused during the intervention; however, subject 1 continued to complain of difficulty sleeping due to discomfort, while subject 2 reported drowsiness from lack of sleep the previous night. On the fourth day, subject 1 again experienced restlessness, causing the intervention to be discontinued as she needed to attend a prenatal check-up. Subject 2 reported difficulty sleeping due to experiencing several episodes of false contractions. On the fifth and final day, both subjects performed the intervention themselves under the researcher's supervision, showing greater focus and adherence. Afterward, the PASS was re-administered, revealing that subject 1 had improved to a moderate anxiety level, while subject 2 improved to a mild anxiety level.

The results of this study demonstrate a reduction in anxiety levels in both subjects after five consecutive days of positive affirmation intervention. Subject 1 improved from severe to moderate anxiety, while subject 2 improved from severe to mild anxiety. These differences may be attributed to subject 1's difficulty maintaining focus during the intervention due to restlessness and discomfort in maintaining the same sitting position for long durations, while subject 2 was better able to concentrate during the intervention.

Anamnesis revealed both similarities and differences between the two subjects. Both shared the same age and gravida status. In line with previous findings by Hastanti et al. (2021), factors such as age, gravida, educational level, and occupation may contribute to the occurrence of anxiety in pregnant women. Similarly, research by Ika et al. (2021) on meditation to manage anxiety among pregnant women emphasized the use of breathing techniques and positive affirmations for 10–15 minutes, resulting in participants feeling calmer, more comfortable, and able to think more positively about their ongoing pregnancy.

CONCLUSION

The findings of this study indicate that prior to the positive affirmation intervention, both primigravida pregnant women were in the severe anxiety category, with PASS scores of 69 (subject 1) and 73 (subject 2). After undergoing five consecutive days of positive affirmation intervention, their anxiety levels decreased significantly, with the PASS score of subject 1 reduced to 29 and that of subject 2 also showing a substantial decrease. These results demonstrate that positive affirmations can serve as an effective non-pharmacological intervention to reduce anxiety levels in primigravida pregnant women.

Based on these findings, it is recommended that positive affirmations be routinely implemented in healthcare services, particularly in community health centers and midwifery practices, as a promotive and preventive effort to support maternal mental health. Furthermore, future studies with larger sample sizes and more diverse research methods are highly recommended to strengthen the scientific evidence on the effectiveness of positive affirmations in reducing anxiety during pregnancy.

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