SELF-HYPNOSIS USING BOOKLET ON ANXIETY IN THIRD TRIMESTER PREGNANCY

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Abstract

Background: Anxiety during pregnancy is a negative emotional state caused by feelings of fear, worry, or restlessness related to various aspects of pregnancy. Self-hypnosis, delivered through a booklet, helps pregnant women achieve a calmer mental state, allowing them to manage anxious thoughts. This study aims to assess the effectiveness of self-hypnosis with a booklet on anxiety during the third trimester. **Method:** The research design used is a quasi-experimental pretest-posttest with a control group using consecutive sampling. The study subjects comprised 60 pregnant women in the third trimester, divided into 30 women in the intervention group and 30 women in the control group. The intervention was conducted eight times a month for 30 minutes, using the PASS questionnaire. **Result:** The statistical test results using the paired T-test for pretest and posttest in each group showed $p<0.05$, meaning that there was significant effectiveness in the intervention group after being given self-hypnosis using a booklet. the majority of respondents answered statement 4 "Worry about many things" with a frequency of "often" to "sometimes" and statement 12 "Wanting things to be perfect" with a frequency of 'always' to "sometimes." Meanwhile, in the control group, the majority of respondents answered statement 4 "Worry about many things" with a frequency of "often" to "always" and statement 12 "Wanting things to be perfect" with a frequency of 'always' remained "always". **Conclusion:** Self-hypnosis using a booklet can be used as a non-pharmacological alternative to reduce anxiety in pregnant women. Midwives can apply this method.

Keywords: Anxiety, Booklet Media, Pregnant Women, Self-Hypnosis

INTRODUCTION

Pregnancy is a series of events that begins with conception and will develop until it becomes an aterm fetus and ends with the process of labor. Pregnancy is a natural event for women, a woman will experience changes in herself both physically and psychologically. Two issues that are very often faced by pregnant women are feelings of fear and rejection of pregnancy. Physically, there will be an enlargement of the abdomen, a feeling of movement or hyperpigmentation, the release of colostrum and so on, or the anxiety experienced by pregnant women has heard stories about pregnancy and childbirth from people around. This feeling of fear and anxiety will arise

in pregnant women (Rinata, 2022). Pregnancy causes various changes, not only physically, but also brings psychological changes for the expectant mother (Aeni and Mariyati, 2022). Anxiety is an emotional state accomp

anied by vague and widespread feelings of worry, associated with a sense of uncertainty and helplessness by something that is not yet clear. These periods trigger severe psychological disturbances, such as stress, anxiety, emotional or mood disturbances and adjustment (Apriliani, Audityarini and Marinem, 2023). Pregnancy anxiety is also caused by the suspicion of danger, a sense of worry that threatens and endangers the mother and the fetus she is carrying. Anxiety in pregnancy can also be caused by the influence of hormones in pregnancy, namely the hormones esterogen, progesterone and Chorionic Gonadotropin Hormone (HCG) (Ningrum, 2023).

According to the World Health Organization (WHO) in 2020, anxiety in pregnant women in developed countries has a prevalence of around 7-20% and developing countries more than 20%. The prevalence of anxiety in developing countries in the world, including Ethiopia, Nigeria, Senegal, South Africa, Uganda, and Zimbabwe, has a high rate of psychological disorders in pregnant women. In the United Kingdom, 81% of pregnant women have experienced mental health problems. Meanwhile, in France, 7.9% of primigravida mothers

reported experiencing anxiety during pregnancy, 11.8% reported experiencing depression during pregnancy, and 13.2% reported experiencing both anxiety and depression during pregnancy. Whereas in Indonesia the data of pregnant women who experience anxiety reaches 107,000,000 or 28.7% where anxiety occurs when approaching the labor process. This anxiety is more common in primigravida mothers, with 32.8% experiencing moderate anxiety and 29.15% experiencing severe anxiety.

Many pregnant women who experience anxiety in their pregnancy still do self- care at home by calming themselves at home and thinking more positively. While undergoing psychological changes, a pregnant woman should be able to adjust to her new role in daily life. Emotional turmoil is often felt by pregnant women, with the possibility of significant reactions and rapid emotional fluctuations. Pregnant women may become very sensitive or overreact. Important psychological changes generally occur in the first trimester of pregnancy, including anxiety, doubt, and feelings of happiness. It is estimated that more than half of mothers experience psychological changes, including disappointment, rejection, anxiety and sadness.

Anxiety among pregnant women in Indonesia is triggered by several main factors, namely hormonal changes during pregnancy due to an increase in estrogen and

progesterone that can affect the mother's psychological condition, concerns about the upcoming labor process, mothers who are younger and with a low level of education, lack of support from a partner or family can increase anxiety, and environmental conditions also contribute to anxiety levels. In the third trimester, anxiety and fear of labor, birth trauma from previous experiences, and concerns about personal and fetal health during labor are experienced.

One way to prevent anxiety in pregnant women is with self-hypnosis. Self-Hypnosis methods that can be done starting during pregnancy can help reduce the level of anxiety and fear during pregnancy.Self-hypnosis therapy is a therapy independently by pregnant women themselves. The body can increase endorphin production with a calm body condition, which can be done by hypnosis. Pregnant women can hypnotize themselves which is known as Self hypnosis.

Self hypnosis changes the sensation or feeling of discomfort and tense conditions by one's attention directly to get out of one's discomfort (divert attention) or by easing the suggestion of discomfort. According to the results of research conducted by Nurelilasari Siregar, Rini Amalia Batubara, and Sakinah Yusro Pohan in 2022 with 15 respondents of third trimester pregnant women stated that there was an effect of self-hypnosis on reducing anxiety in pregnant women.[12] The self- hypnosis method

can treat anxiety developed through a booklet media that usually consists of several pages, which are designed to convey certain information in a concise and easy-to-understand manner.

Booklet media is still rarely used in the method of preventing anxiety in third trimester pregnancy. Whereas booklets have advantages including easy to carry because of its small and thin shape, equipped with a concise and systematic explanation so that it is easy to understand but still varied compared to teaching material books. The language used is also easier to understand and communicative, and is equipped with pictures as illustrations that make it easier to understand the explanation. The design of the booklet media is made interesting so that readers are not bored when reading it. Booklet media is very easy to learn and is not limited by space and time.

Midwives have an important role in managing pregnancy anxiety through various efforts, such as providing counseling, education, and emotional support to pregnant women. They also conduct maternity classes to increase knowledge and reduce anxiety, as well as assist mothers in coping with emotional changes that occur during pregnancy and provide psychological support to pregnant women aimed at increasing maternal confidence.

Based on this background, researchers want to know the effectiveness of self-hypnosis using booklet on anxiety in third trimester

pregnancy at Independent Midwife Practice of Susiani S.Keb, Banyuwangi in 2025

METHOD

This research uses quantitative research. The research design used is quasi- experimental with two group pretest-posttest with control group. The population in this study was based on ANC Trimester III examinations in December 2024, namely 150 people at Susiani's Independent Midwife Practice. In this study, the samples used were some third trimester pregnant women in Susiani's Independent Midwife Practice in accordance with the inclusion criteria and exclusion criteria.

The sampling technique used in this study is non probability with consecutive sampling. In this study, 60 respondents of third trimester pregnant women were divided into 2

RESULT AND DISCUSSION

Table 1. shows that among the respondents who received the intervention the majority were aged 20–35 years old for 27 respondents (90%) the youngest is 19 years old and the oldest is 40 years old. In the control group, the majority were aged 20–35 years (24 respondents, 80%), the youngest was 18 years old and the oldest was 38 years old. Parity in the intervention group of respondents, the majority 15 respondents (50%) were in the primigravida parity group and the most pregnancies were 6 times.

groups, namely 30 intervention groups and 30 control groups. The research was conducted at Independent Midwife Practice of Susiani S.Keb, Banyuwangi Regency. This research was conducted in 21st April – 12th June 2025.

The independent variable in this study is self-hypnosis in pregnancy. The dependent variable in this study is pregnancy anxiety. The research instrument self-hypnosis used in the variable is SOP (booklet media) and variabel anxiety in third trimester pregnancy use PASS (Perinatal Anxiety Screening Scale) according to Department of Health, State of Western Australia 2015. The data collection technique used in this study used a questionnaire. Data analysis consists of univariate and bivariate analysis with the Non Paired T-Test and The Man Whitney.

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In the control group, the majority were primigravida 18 respondents (60%) and the most pregnancies were 5 times. The educational background of respondents who received the intervention was the majority senior high school, with 22 respondents (73.3%), and the highest degree is a Bachelor's degree. In the control group was the majority had completed high school 19 respondents (63.3%), and the highest degree is a bachelor's degree. The results of the study also show that the respondents who received the intervention were mostly housewives, with 23 respondents (76.7%). Meanwhile, in the control group while the majority were housewives 25 respondents (83.3%).

Table 1. Frequency Distribution of Pregnant Women in Third Trimester

Characteristics	Intervention n : 30 (%)	Control n : 30 (%
Age		
< 20 y.o	2 (6,7%)	5 (16,7%)
20 – 35 y.o	27 (90%)	24 (80%)
>35 y.o	1 (3,3%)	1 (3,3%)
Parity		
Primigravida	15 (50%)	18 (60%)
Multigravida	14 (46,7%)	10 (33,3%)
Grandemultigravida	1 (3,3%)	2 (6,7%)
Education		
Elementary School	3 (10%)	5 (16,7%)
Junior High School	0 (0)	2 (6,7%)
Senior High School	22 (73,3%)	19 (63,3%)
Bachelor	5 (16,7%)	4 (13,3%)
Jobs		
House Wife	23 (76,7%)	25 (83,3%)
Government Employee/civil servant	0 (0)	0 (0)
Teacher/employee	7 (23,3%)	5 (16,7%)
Merchant/entrepreneur/private/self-employed	0 (0)	0 (0)
Farmer/labore	0 (0)	0 (0)

Source : Researcher Primary Data, 2025

Table 2. Anxiety in third trimester pregnancy before and after giving self- hypnosis using booklet

Intervention / Control	Pretest	Posttest
Pretest	28,27	35,40
Posttest	19,27	36,57

Source : Researcher Primary Data, 2025

Based on table 2. it is known that before the intervention the average anxiety score was 28.70, while in the control group the average was 35.40, meaning that both groups experienced moderate anxiety. It is known that after the intervention, the average anxiety score decreased to 19.27, namely mild anxiety, while in the control group the average anxiety score remained at 36.57, namely moderate anxiety.

Table 3. Analysis of the Effectiveness of Self-Hypnosis Using Booklet on Anxiety in Third Trimester Pregnancy

Anxiety (Score PASS)	Intervention (n : 30)	Kontrol (n : 30)	Nilai p**
Pre			
Mean (SD)	28,27 (5,05)	35,40 (3,8)	0,000$^\beta$
Median	28	36	
Min-Max	21 – 40	27 – 40	
Post			
Mean (SD)	19,27 (3,27)	36,57 (3,26)	0,000$^\beta$
Median	19	37,50	
Min-Max	13 – 28	29 – 40	
Difference/decrease	9	+1,17	
Nilai p	0,000$^\alpha$	0,026$^\alpha$	

α : Paired T-Test β : Mann Whitney Source : Reseacrher Primary Data, 2025

Based on table 3. the average anxiety score of pregnant women before the intervention in the intervention group was 28.27 (5.05), while in the control group it was 35.40 (3.8). The difference in anxiety scores before being given an intervention in the two groups was 7.13. The average result of the anxiety score of pregnant women after the intervention in the intervention group was 19.27 (3.27), while in the control group it was 36.57 (3.26).

In ratio scale research, the normality test of data using Kolmogorov- Smirnov in the intervention group and control group pretest and posttest data obtained the results of p 0.200 and p 0,166 indicating that the data is normally distributed, so using the Paired T Test test with a p 0.000 (p <0.05) means that there is significant effectiveness after being given self-hypnosis using booklet media in the intervention group. Furthermore, in the pretest and posttest data of the intervention and control groups, the results obtained were p<0,05 indicating that the data were not normally distributed, so using the Mann Whitney test with a p value of 0.000 means that there is a significant difference between the intervention and control group.

In Table 2. it was found that the results of the study and data analysis showed that the anxiety level scores before self-hypnosis using a guidebook were 28.27 in the intervention group and 35.40 in the control group, a difference of 7.13, with the average anxiety level in both groups classified as moderate anxiety. There were 18 respondents in the intervention group, while there were 29 respondents in the control group.

Based on table 2 regarding the anxiety levels of respondents in the intervention group and control group before the intervention was administered, many respondents answered statements 4 "Worry about many things" with the frequency "often" and statements 12 "Wanting things to be perfect" with the frequency "always". The PASS score in the control group was higher than in the intervention group because there were five individuals under the age of 20 in the control group. However, this age group is not considered to be of reproductive age. In addition, the majority of the control group were primigravida, who typically have no experience with pregnancy. Furthermore, the majority of the control group were

housewives, which may have caused anxiety due to their tendency to remain at home while using social media.

Pregnancy causes various changes, not only physically, but also brings psychological changes for the expectant mother. While experiencing psychological changes, a pregnant woman should be able to adjust to her new role in daily life. Emotional turmoil is often felt by pregnant women, with the possibility of significant reactions and rapid emotional fluctuations. Pregnant women may become very sensitive or overreact. It is estimated that there are more than half of mothers experiencing psychological changes, one of which is anxiety. This is in line with the research of Deasy Irawati (2022) that in both groups of respondents at the beginning of the study (pre-test) both in the treatment group and the control group both showed the highest level of momentary anxiety and basic anxiety in the moderate category. This is also in line with the research of Indah Puji Septeria (2024) that the average value of anxiety levels of pregnant women before hypnosis in the treatment group with a score of 34.83 (in the medium anxiety category, namely 27 - 40).

In table 1 according to the results of the research that has been done, it is found that most of the respondents' ages in the intervention group are 20- 35 years as many as 27 respondents in the intervention group and in the control group as many as 25 respondents. The safe age of pregnant women is between 20 - 35 years, but still many pregnant women in this age range experience anxiety. Although 20- 35 years old is often considered more emotionally and financially stable, pregnant women in this age range are still vulnerable to anxiety due to biological factors (hormonal changes), psychological (concerns about health and new roles), social (environmental pressures), as well as economic and inadequate family support.

Individuals with anxiety do show an increased amygdala response to a threatening or anxiety-provoking stimulus, making it easier for the individual to feel threatened or anxious despite the stimulus.

In table 1. that the results of the research that has been done, it is found that the parity of pregnant women is mostly primigravida in the intervention group as many as 15 respondents and the control group as many as 18 respondents. In general, primigravida mothers experience higher anxiety than multigravida mothers in the face of childbirth, due to the absence of experience in their pregnancy because do not know the various ways to overcome various problems until the delivery process smoothly so that this affects the anxiety of primigravida pregnant women compared to multigravida pregnant women who have experienced childbirth before. Concerns about the baby's health including the risk of premature birth or defects are also a source of anxiety.

This is in line with the research of Nurelilasari Siregar (2022) that parity can affect the level of anxiety of third trimester pregnant women, but when viewed from the point of view of experience, anxiety occurs more in primigravida mothers, the same thing can also occur in multigravida mothers with a history or bad experience in previous experiences.[10] This anxiety triggers a physiological stress response in the form of increased release of stress hormones such as cortisol, Adrenocorticotropic Hormone (ACTH), and Corticotropin- releasing Hormone (CRH). Activation of the hypothalamic-pituitary-adrenal (HPA) axis increases heart rate and blood pressure and can suppress the immune system, thereby causing a physiological anxiety response. Additionally, increased stress hormones cause an imbalance in progesterone and estrogen, which are important for maintaining

pregnancy, as well as an increase in prostaglandins that stimulate uterine contractions.

Based on table 1. it is explained that the results of research that have been carried out related to the last education in the intervention group and control group, the majority are high school. In the intervention group as many as 22 respondents and the control group as many as 19 respondents. Education is an activity or learning process that occurs anywhere, anytime, and by anyone. In a broad sense, it is explained that education includes all life processes and all individual interactions with their environment both informally and non-formally.[4] A person's level of education affects their ability to think. The higher a person's level of education, the easier it is for that individual to think rationally and capture new information. Analytical skills will make it easier for individuals to decipher problems. This is in line with Suyani's research (2020) that a person's level of education is related to the knowledge that exists in him regarding specific problems is also high, so that the higher a person's level of knowledge will reduce his level of anxiety.

Based on table 1 according to the results of the research that has been carried out, it is found that the majority of mothers in both groups of respondents are housewives. In the intervention group as many as 23 respondents and the control group as many as 25 respondents. The experience and information a person has will add to informal information. This can be obtained when interacting with someone at work or when doing social interactions. Mothers who have jobs allow mothers to get information and experience from others when compared to housewives who may lack information, causing housewives to be more anxious. This is in line with Suyani's research (2020) that individuals

who do not work tend to have a burden of thoughts which is one of the factors of anxiety in these individuals is not felt, but the anxiety felt tends to be caused by other factors.

Factors that influence maternal anxiety during pregnancy consist of age, parity, education and occupation. Despite the ideal age for pregnancy, the majority of mothers still experience anxiety due to having traumatic experiences in previous pregnancies, worrying about not meeting the time of birth, hormonal changes and having had a miscarriage. The majority of respondents who do not work make them spend time at home watching TV, looking at social media, or listening to the radio so that it can trigger anxiety because the need for information about pregnancy is not from experts. The occurrence of anxiety during pregnancy is due to the mother getting information or experiences related to pregnancy until the delivery process is bad. In primigravida mothers who have not had the experience of pregnancy until the delivery process makes the mother worried in making decisions. Anxiety can be even higher if pregnant women cannot make the right choices based on the information they have obtained. Low levels of education can cause pregnant women to lack adequate information about pregnancy and childbirth, so mothers need ways and information media that can overcome anxiety, one of which is self hypnosis using booklet media.

Based on Table 3. the results of the study and data analysis show that the anxiety level after self-hypnosis using a guidebook was 19.27 in the intervention group and 36.57 in the control group, a difference of 17.3. This study shows that after the intervention in the form of Self-Hypnosis using booklet media, the average anxiety in the intervention group is not anxious, while in the control group is still moderate anxiety. The intervention group

had 21 respondents who were not anxious. While in the control group there were 30 respondents who experienced moderate anxiety. Based on Table 2. regarding the anxiety scores of respondents in the intervention group and control group after the intervention, the majority of respondents answered statement 4 "Worry about many things" with a frequency of "often" to "sometimes" and statement 12 "Wanting things to be perfect" with a frequency of 'always' to "sometimes." Meanwhile, in the control group, the majority of respondents answered statement 4 "Worry about many things" with a frequency of "often" to "always" and statement 12 "Wanting things to be perfect" with a frequency of 'always' remained "always." The PASS score in the intervention group decreased because self-hypnosis was administered via a booklet. In the control group, only general education about anxiety was provided.

The anxiety level of third trimester pregnant women between the intervention group and the control group decreased the anxiety level of mothers in the intervention group after Self-Hypnosis using booklet compared to before the intervention. This is in line with Fauziyatun Nisa's research (2024) that there is a significant difference or a decrease in the anxiety level of pregnant women facing labor between the control group and the intervention group with a score 18,44 in the intervention group and 23,34 in the control group. This shows that regular self-hypnosis can effectively reduce the anxiety level of pregnant women.

Media is a tool, means, or intermediary used to convey messages from communicators (message senders) to communicants (message recipients), so that information or messages can be received effectively and efficiently. Booklet media is used to encourage a person's desire to know

then explore and finally get a good understanding and encourage to do something new. The role of booklets is one of the effective media to be developed to add and develop existing references, and can improve one's learning outcomes. The need for the development of this learning media so that the learning process can take place effectively, and the learning material can be conveyed well to the reader.

Based on table 1. the majority of respondents were 20-35 years old. In pregnant women aged 20-35 years, education with booklets was shown to significantly increase knowledge before and after the intervention. This is in line with Yuli Kusumawati's research (2021) that the use of booklet media significantly increases knowledge in the 20-35 year age group.[25] Booklets are small books that are practical, easy to carry anywhere, and can be read at any time according to the reader's needs. This is very suitable for productive age groups who are active and often move places. The content of booklets is usually presented in simple, concise language, with interesting pictures or illustrations, which facilitates understanding and attracts young adults to read.

Table 1 explains that the parity of pregnant women in both groups is mostly primigravida. After the intervention, the intervention group experienced a decrease, especially in primigravida. Booklet is very good and effective for primigravida (first pregnant women). This is in line with Rosmadewi's research (2022) that booklets have also proven effective in health promotion for early detection of pregnancy complications in primigravida.Booklet is recommended as a means of education for primigravida because it is proven effective in increasing their knowledge and readiness in undergoing pregnancy and childbirth.

Based on table 1 it is explained that the last education of mothers in both groups is mostly high school. The booklet media with self-hypnosis given can increase the mother's knowledge, so that there is a decrease in anxiety levels in the intervention group. This is in line with Nurhidayah's research (2022) that education with booklet media is proven to significantly increase the mental health knowledge of pregnant women because pregnant women often do not realize the mental health disorders they experience. Booklet media has the advantage of being equipped with a concise and systematic explanation so that it is easy to understand but still varied compared to teaching material books. The language used is also easier to understand and communicative, and is equipped with pictures as illustrations that make it easier to understand the explanation. Booklet media is very easy to learn and is not limited by time and space.

Table 1 explains that the majority of respondents' jobs are as housewives. Booklet media was chosen as the delivery of education because it can be read anytime and anywhere. This is in line with Suryani's research (2022) that the booklet contains brief, concise information, and is equipped with pictures to make it easier for pregnant women to understand the material independently. This booklet media is easy to carry, making it suitable for mothers who are more at home and can be read at any time without the need for internet access or special devices.

Self hypnosis therapy is a meaningful way of reacting to stress so that the effect is neutral and the response is a relaxed response. It is a quick and easy way to produce relaxation if we realize its benefits and by using the receptive right brain. Self hypnosis is the most radical form of first aid relaxation that can be used to gain mental control over stress. Respondents in the intervention group experienced a decrease in anxiety levels after giving Self-Hypnosis through booklet. This self- hypnosis provides positive affirmations so that mothers can feel safe, calm, and comfortable until the delivery. Self-Hypnosis using booklet can certainly be done at home and without any additional costs. Reading booklet can be done anywhere and anytime because of its practical and small form, so it can be carried everywhere. Reading booklet material about anxiety is recommended to be done every day to increase the mother's knowledge related to pregnancy anxiety and how to overcome it.

Based on data analysis in table 3 the parametric test used in the intervention and control groups is the Paired T Test with SPSS obtained a Sig (2-tailed) value of 0.000 (p < 0.05). Statistically it can be concluded that there is a significant difference in the average PASS score before and after the intervention in the intervention group. The intervention group experienced a significant decrease in PASS score compared to the control group. Therefore, it can be concluded that Ha is accepted which means there is an effectiveness of self-hypnosis using booklet on anxiety in third trimester pregnancy at Independent Midwife Practice of Susiani S, Keb, Banyuwangi. Based on data analysis in table 3 the non-parametric test used in both groups is Mann Whitney with SPSS obtained a Sig (2-tailed) value of p 0,000 (p <0.05). So it can be concluded that there is a significant difference before and after giving self-hypnosis using booklet.

Research conducted by Fauziyatun Nisa, et al (2025) is using 2 groups of pretest posttest quasi-experimental with self-hypnosis and integrated ANC. Fauziyatun Nisa, et al's research used a questionnaire and self-efficacy was estimated using the New General Self-Efficacy Scale created by Chen in 2001 which consists of eight items

and lasted for 1 month by doing self-hypnosis once a week for 30 minutes. This study showed that intervention with self-hypnosis can increase self-efficacy by 0.000 <0.05 in the intervention group and control group. Self-hypnosis has an impact on the self-efficacy of pregnant women. A series of relaxation techniques, ranging from muscle relaxation, breathing relaxation, mental relaxation, to instilling positive affirmations, when performed regularly with full concentration, will induce a relaxed state in the body. In response, the body releases endorphins, which help pregnant women relax and alleviate pain, especially when the brain reaches alpha waves or is at rest. In this state, the body releases serotonin and endorphins, enabling a relaxed state free from tension and anxiety.

Research conducted by Nurelilasari Siregar, et al (2022) is using 1 group pretest posttest quasi-experimental with self-hypnosis. This study shows that intervention with self-hypnosis can reduce anxiety with a p value of 0.01 (p <0.05) so that there is an effect of Self Hypnosis on the anxiety of third trimester pregnant women because the average anxiety after intervention is all respondents with a total of 15 people there is no anxiety which previously there were 16 people with moderate anxiety. A series of relaxation techniques, ranging from muscle relaxation, breathing relaxation, mental relaxation, and the regular and concentrated use of positive affirmations, will induce a state of relaxation in the body, causing it to respond by releasing endorphins that make the mother feel relaxed and reduce pain, especially when the brain reaches alpha waves or during rest. In this state, when the body releases serotonin and endorphins, the individual is in a relaxed state without tension or anxiety.

Research conducted by Desak Made Rusmini, et al (2024) which used 2 groups of

quasi-experiment with nonequivalent control group design research with self-hypnosis and integrated ANC. This study shows that intervention with self- hypnosis can reduce anxiety levels with a p value =0.018 (p < 0.05) which means Ha is accepted so that it can be concluded that there is an effect of self hypnosis on anxiety levels in third trimester pregnant women because the average value of the intervention group is 1.21 smaller than the average value of the control group which is 1.6174.[29] This study is in line with the researcher Siti Hindun, et al (2021) who used a one group pretest posttest pre-experiment with self-hypnosis relaxation. Intervention with self-hypnosis reduces anxiety levels with a ρ- value of 0.000 ($< \alpha$ 0.05), meaning that it can be stated that there is a significant average difference between anxiety levels before and after being given self-hypnosis relaxation techniques, so there is an influence between before and after self-hypnosis relaxation on the anxiety level of pregnant women at BPM Lismarini and BPM Kustirah Palembang in 2021. Relaxation in this study is self-induced relaxation using words or short sentences that can calm and comfort the mind, namely self-hypnosis relaxation. Self-hypnosis relaxation helps individuals to control certain bodily functions such as blood pressure, heart rate, and blood flow, which are causes of anxiety and can be eliminated.

Self-hypnosis is an alternative way to reduce anxiety levels in pregnant women. Self-hypnosis that has been done to the respondents results in a decrease in anxiety in the mother. Anxiety can cause various negative impacts for the mother and fetus, one of which is prolonged labor, psychological disorders, slow fetal growth and development. The application of self hypnosis becomes more optimal when the media is packaged in the form of booklets because booklets are

attractive media and make it easier for mothers when they want to bring them.

CONCLUSION AND SUGGESTION

Based on the result of the research that has been carried out, Anxiety in third trimester pregnancy before being given self-hypnosis using booklet media at TPMB Susiani in the intervention group has a mean value of 28.27 and in the control group has a mean value of 35.40. Meanwhile Anxiety in third trimester pregnancy after being given self-hypnosis using booklet media at TPMB Susiani in the intervention group has a mean value of 19.27 and in the control group has a mean value of 36.57. The result of the data analysis is the p value $0,000 < 0,05$ which means the p value <0.05, which indicates a decrease in the PASS score in the intervention group. Therefore, it can be concluded that there is significant effectiveness in the intervention group after being given self-hypnosis using booklet on anxiety in third trimester pregnancy

Based on the results of the study, it is recommended that pregnant women actively seek information about anxiety and coping strategies to reduce anxiety levels before childbirth. TPMB Susiani is expected to provide educational media that can be studied by pregnant women at home, while STIKes Banyuwangi should enrich reference sources on pregnancy-related anxiety and its management. The midwifery profession is encouraged to provide more intensive assistance to pregnant women, not limited to routine checkups, and future researchers are advised to extend the duration of self-hypnosis interventions using booklets to achieve more optimal results.

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