

## Provision of complementary therapy of five-finger hypnosis and provision of education on anxiety in pregnant women

*Pemberian Video Komplementer Hipnosis Lima Jari dan Pemberian Edukasi terhadap Kecemasan pada Ibu Hamil*

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### ABSTRACT

**Background:** Anxiety during pregnancy is common and may negatively affect both mother and fetus. Non-pharmacological approaches, such as relaxation and hypnosis, are increasingly recommended to minimize risks.

**Objective:** This study aimed to assess the effect of five-finger hypnosis combined with health education on anxiety among pregnant women.

**Methods:** A quantitative quasi-experimental study with a one-group pre- and post-test design was conducted at Community Health Center I, West Denpasar, from June to September 2024. Thirty pregnant women were recruited using purposive sampling. Anxiety was measured using the Indonesian version of the State Anxiety Inventory (S-AI). After baseline assessment, participants received education about pregnancy-related anxiety and danger signs, along with audio-visual videos demonstrating five-finger hypnosis. They were instructed to practice four times per week for one month with support from family members.

**Results:** Results showed the proportion of mothers with moderate anxiety decreased, while most participants reported mild anxiety after the intervention (73.3%). In conclusion five-finger hypnosis had an impact on the anxiety levels of pregnant women, as indicated by a p-value of 0.001.

**Conclusion:** The study concluded that anxiety disorders during pregnancy can be prevented or reduced by offering five-finger hypnosis and effective education as non-pharmacological treatments.

**Keywords:** anxiety, complementary therapy, education, 5-finger hypnosis, pregnant women

### ABSTRAK

**Latar Belakang:** Kecemasan selama kehamilan dapat terjadi secara signifikan pada wanita hamil. Baik wanita tersebut maupun janinnya dapat menderita sebagai akibatnya. Terapi relaksasi merupakan salah satu metode non farmakologis yang digunakan untuk meredakan ketidaknyamanan ibu hamil. Diharapkan bahwa teknik relaksasi pernapasan, yang melibatkan pengaturan pola pernapasan secara bertahap, dapat mengurangi kecemasan selama kehamilan.

**Tujuan:** Tujuan penelitian ini adalah untuk menentukan apakah pemberian hipnosis lima jari dan edukasi sebagai terapi alternatif memengaruhi tingkat kecemasan wanita hamil.

**Metode:** Desain *Quasy experiment One Group Pre and Post test* digunakan dalam penelitian kuantitatif ini. Penelitian dilakukan di Puskesmas I, Denpasar Barat dari bulan Juni sampai dengan September 2024. Teknik pengambilan sampel dalam penelitian ini secara *purposive sampling*. Tiga puluh (30) responden dijadikan sebagai ukuran sampel penelitian. Setelah memilih responden berdasarkan kriteria inklusi, peneliti memberikan pre-test untuk mengukur kecemasan klien menggunakan alat State Anxiety Inventory (S-AI). Responden diberikan informasi tentang kecemasan dan tanda-tanda bahaya kehamilan serta memberikan video instruksional yang menggunakan hipnosis lima jari

audio-visual. Video dapat ditonton sendiri empat kali seminggu selama sebulan, dengan bantuan pasangan atau keluarga. Analisa bivariat menggunakan Uji-t karena data yang terdistribusi normal.

**Hasil:** Temuan menunjukkan bahwa tingkat kecemasan ibu hamil berkisar antara sedang hingga ringan sebelum terapi, sedangkan tingkat kecemasan berada pada tingkat ringan setelah hipnosis (73,3%). Hipnosis lima jari berdampak pada tingkat kecemasan ibu hamil, seperti yang ditunjukkan oleh nilai p sebesar 0,001.

**Kesimpulan:** Penelitian tersebut menyimpulkan bahwa gangguan kecemasan selama kehamilan harus dihindari atau dikurangi dengan menawarkan hipnosis lima jari dan edukasi yang efektif sebagai pengobatan non-farmakologis.

**Kata kunci:** edukasi, hipnosis 5 jari, kecemasan, ibu hamil, terapi komplementer

## INTRODUCTION

A woman can experience both physiological and psychological changes as a result of the natural process of pregnancy, which is influenced by hormonal changes. This can be uncomfortable compared to her pre-pregnancy state. Both the woman and her partner experience significant psychological changes during pregnancy[1]. Anxiety affects 71.90% of pregnant women in Indonesia. Pregnant women who experience anxiety as a reaction to stress may find it difficult to relax and then struggle to fall asleep because their bodies become restless due to stiff muscles and a rapid heartbeat[2]. Pregnant women may experience anxiety, especially throughout the third trimester of pregnancy until delivery, about a variety of topics, including whether the baby will be born healthy or not, the pain they will experience, and other concerns.[1]Women who experience anxiety during pregnancy can experience harmful effects on both the fetus and themselves. These conditions can cause the mother's blood pressure to rise, which can lead to preeclampsia, low birth weight (LBW), premature birth, fatigue, uterine contraction stimulation, increased pain during labor, psychological distress for both mother and fetus, and even maternal death[2].

Prenatal care practices, such as relaxation therapy, are designed to alleviate the discomfort experienced by pregnant women. Walker claims that anyone without a therapist can benefit from this method to reduce the stress and anxiety they face daily. Slowly controlling breathing patterns, such as holding inspiration as far as possible and producing slow exhalations, is one way to apply breathing relaxation techniques[3]. Prenatal exercises, yoga, acupressure, aromatherapy, steam therapy, and hypnosis are some methods that can help reduce anxiety. Relaxation therapy is one way to reduce anxiety[4].

A natural technique to reduce tension, anxiety, panic, and other stress is hypnosis.[5]By accepting recommendations at a subconscious level or by relaxing and moving their fingers in response to directions, people or customers can change the way they perceive stress, anxiety, tension, and terror[6]. The findings of a 2014 study by Banon, Dalami, and Noor Kasiani, which examined the impact of 5-finger hypnosis on anxiety levels, further strengthen this claim[7]. According to a similar study, five-finger hypnosis therapy is beneficial in reducing prepartum maternal anxiety (p-value = 0.001). The results of a similar study conducted by Fahma Ilmi Nawa Tama (2019) showed that five-finger hypnosis affects the anxiety levels of pregnant women with preeclampsia.[8]. And another study conducted by Marbun Agnes et al. (2019) stated that five-finger hypnosis therapy is effective in reducing prepartum anxiety in pregnant women (p-value = 0.001)[9]. The research results above show that five-finger hypnosis is effective in reducing anxiety in pregnant women through physiological relaxation mechanisms, while health education has been shown to increase cognitive understanding and readiness to face pregnancy[10]. Most studies still evaluate these two interventions separately, so

there is no strong evidence regarding the effectiveness of combining hypnosis and education as a dual intervention.

Based on the description above, it can be concluded that pregnant women can benefit from five-finger hypnosis therapy as an additional treatment to reduce their anxiety levels. Because there has been no research on the use of five-finger hypnosis to reduce anxiety in pregnant women in the West Denpasar I Community Health Center Work Area. The purpose of this study was to determine whether advanced therapies such as education and five-finger hypnosis affect the anxiety levels of pregnant women in the West Denpasar I Community Health Center Work Area. The combination of five-finger hypnosis and education has a strong rational basis. Hypnosis targets physiological and emotional aspects by reducing stress responses through relaxation, while education targets cognitive aspects by increasing knowledge and positive perceptions about pregnancy. These two interventions complement each other and are expected to produce a synergistic effect, so that pregnant women can control anxiety both physically and mentally.

## **METHODS**

### **Study design**

According to Sugiono (2013), this is a quantitative study using a quasi-experimental one-group pre- and post-test design to assess how education and the level of Five-Finger Hypnosis therapy affect maternal anxiety. This design allows researchers to assess changes in maternal anxiety before and after the intervention, even without a control group. A limitation of this design is that it cannot completely eliminate history, maturation, or testing effects, so this is noted as a major limitation of the study[11]. The working area of Health Center I, West Denpasar, was the research location from June to September 2024.

### **Data source and sampling procedure**

The study population included pregnant women in the working area of Community Health Center I, West Denpasar. The sampling technique used in this study was purposive sampling. The number of samples taken was 30 respondents. Inclusion criteria: pregnant women in the second–third trimester, able to read/write Indonesian, no obstetric complications, and willing to participate in the intervention. Exclusion criteria: pregnant women with a history of diagnosed psychiatric disorders, use of anxiolytic drugs, the presence of medical complications (e.g., preeclampsia), and refusal to participate.

### **Variables of the study**

The independent variable was the provision of intervention in the form of a complementary video of five-finger hypnosis and education to pregnant women, which was given in a structured manner over a certain period. The dependent variable was the level of anxiety of pregnant women, measured using the State Anxiety Inventory (S-AI) instrument before (pretest) and after (posttest) the intervention. In addition, there were control variables, including respondent characteristics that had been determined through inclusion criteria, the frequency of intervention (four times a week for one month), and the conditions under which the intervention was implemented with the assistance of a partner or family member, to maintain consistency of treatment throughout the study.

### **Data Collection**

Respondents were screened through brief medical interviews and medical records. Those who met the criteria underwent a pretest, then received an intervention consisting of educational videos and five-finger hypnosis for four weeks, followed by a posttest. Compliance was monitored throughout the intervention period.

### Measurement and instruments

The main instrument was the State Anxiety Inventory (STAI-Y, State subscale). This instrument was chosen to assess the anxiety of pregnant women consistently and comprehensively in the context of quantitative research[12]. Subsequently, respondents received an intervention in the form of an educational video with a duration of approximately 20 minutes, which included information on anxiety, warning signs during pregnancy, and the practice of five-finger hypnosis using a standardized script (including instructions, tempo, and finger pressure). The video was administered four times per week for four weeks, with assistance from partners or family members when necessary. Posttest assessment was conducted after the four-week intervention period. Adherence was monitored through participant reports via a WhatsApp group and activity documentation (photos/videos). The researcher ensured the quality and consistency of the intervention by applying standardized operating procedures (SOPs).

### Ethical Considerations

The Ethics Committee of Kartini Bali Health Polytechnic issued Certificate Number 031/KEPK/DI/PKKB/2024 for this research, stating that this research has completed the ethical review.

### Data Analysis

Data analysis was conducted after all data were collected. Univariate analysis consisted of descriptive statistics for respondent characteristics (age, education, occupation, parity, gestational age), as well as the mean, minimum, maximum, and standard deviation of anxiety scores before and after the intervention. Bivariate analysis began with a normality test (Shapiro–Wilk). The normality test indicated a normal distribution of the data, the paired t-test was used for analysis. Results were reported with p-values, effect sizes (Cohen's d or r), and 95% confidence intervals. Missing data were managed using a per-protocol approach, where only respondents who completed the full intervention (≥12 sessions) and completed the pretest and posttest were analyzed. Anxiety assessment was conducted using a self-report questionnaire, so full blinding could not be implemented; this is noted as a limitation of the study.[11].

## RESULTS

The findings of this study revealed the characteristics of the respondents, including the mothers' anxiety levels before and after receiving instruction and five-finger hypnosis. Information related to the impact of education and five-finger hypnosis on pregnant women's anxiety was then examined. The following table displays the data:

**Table 1. Frequency Distribution of Respondent Characteristics**

No	Characteristics	Frequency distribution	
		n	(%)
1	Education Level		
	Basic Education (Primary/Junior High School)	5	16.7
	Secondary Education (Senior High School)	12	40
	Higher education	13	43.3
	Total	30	100
2	Employment Status		
	Unemployed	15	50
	Private sector/self-employed	12	40
	Government employee (civil servant)	3	10
	Total	30	100
3	Parity		
	Primiparous (one full-term birth)	8	26.7

No	Characteristics	Frequency distribution	
		n	(%)
	Multiparous (2–5 births)	22	73.3
	Grand multiparous (>5 births)	0	0
	Total	30	100
4	Age		
	High risk (< 20 years and > 35 years)	3	10
	Low risk: (20-35 years)	27	90
	Total	30	100

Based on Table 1, the educational characteristics obtained almost half of the 13 respondents (43.3%) with secondary education and 13 respondents (43.3%) with higher education. Based on occupational characteristics, almost half of the 15 respondents (50%) were unemployed and almost half, namely 12 respondents (40%) were private workers/self-employed. Based on the number of children, most of the 22 respondents (73.3%) were multiparous. Based on age, almost all respondents (27 people) (90%) were pregnant at reproductive age/not at risk.

**Table 2. Anxiety of Pregnant Women Before Being Given 5 Finger Hypnosis Therapy and Providing Education**

Group	N	Mean	Min	Max	SD
Intervention	30	28.07	23	36	2.238

Source: Primary data 2024

As can be seen from Table 2 above, the average pre-test score for the intervention group was 28.07. With a standard deviation (data variability) of 2.238, the lowest anxiety score was 23, and the highest anxiety score was 36.

**Table 3. Anxiety of Pregnant Women after 5 Finger Hypnosis Therapy and Education**

Group	N	Mean	Min	Max	SD
Intervention	30	13.15	7	18	2.321

Source: Primary data 2024

The mean post-test score for the intervention group was 13.15, as shown in Table 3. The standard deviation (data variability) was 2.321, and the lowest or lowest anxiety score was 7. The highest anxiety score was 18.

**Table 4. Anxiety Level of Pregnant Women Before and After Being Given the 5 Finger Hypnosis Video and Providing Education in the Intervention Group**

Category	Intervention Group				
	Pre-test		Post-test		
	N	%	N	%	
Light	10	33.3	22	73.3	
Currently	17	56.7	7	23.3	
Heavy	3	10	1	3.3	
Very heavy	0	0	0	0	

Source: Primary data 2024

Table 4 shows that the pre-test anxiety level was mainly 17 (56.7%) with moderate anxiety category, and decreased to mild anxiety in 22 (73.3%) pregnant women in the post-test group.

**Table 5. Analysis of the Effect of Five-Finger Hypnosis and Education on Pregnant Women's Anxiety**

	N	Mean	Elementary School	Δ Mean (pre-post)	95% CI	Cohen's d	p-value
Before	30	28.07	2.238	14.92	13.86-	6.55	0.001
After		13.15	2.321		15.98		

Table 5 above shows that the data are normally distributed based on the Shapiro–Wilk test, so the analysis of changes in anxiety scores was carried out using a paired sample t-test, supplemented by reporting  $\Delta$ mean, 95% Confidence Interval (CI), and Cohen's d effect size.

Based on the table above, the results obtained: the anxiety score of pregnant women decreased significantly after being given the five-finger hypnosis video and pregnancy education. The average anxiety score before the intervention was 28.07 (SD 2.238), decreasing to 13.15 (SD 2.321) after the intervention. The average difference ( $\Delta$ mean) was 14.92 points (95% CI 13.86–15.98) with  $p = 0.001$ , indicating a highly statistically significant difference and a Cohen's d value of 6.55, indicating that the intervention had a strong clinical impact on reducing maternal anxiety.

## DISCUSSION

The study findings showed that the average anxiety levels of pregnant women before receiving Hypnosis and five-finger education were higher in the pre-test intervention group. Table 2 shows that the majority of pre-test anxiety levels were in the moderate anxiety range. Pregnant women who experience anxiety as a reaction to stress may find it difficult to relax and then struggle to fall asleep because their bodies become restless due to stiff muscles and a rapid heartbeat [13]. Anxiety is a person's emotional reaction to something perceived as dangerous and of unknown origin. Women who experience anxiety during pregnancy can experience harmful effects on both the fetus and themselves. This condition can cause the mother's blood pressure to rise to levels that can lead to miscarriage and preeclampsia, Low Birth Weight (LBW), premature birth, fatigue, stimulation of uterine contractions, increased labor pain, psychological distress in the mother and unborn child, and even maternal death[14]. Early detection and treatment of anxiety during pregnancy is crucial because anxiety symptoms can easily emerge during pregnancy, and mothers are often unaware of them.

According to the research findings, the average posttest score of the intervention group was 13.15. In the posttest group, the anxiety level of pregnant women decreased from moderate (56.7%) to mild (73.3%), with the lowest or minimum anxiety score being 7 and the highest or maximum anxiety score being 18. The standard deviation (variability of the data) was 2.321. Five-finger hypnosis alters a person's limbic system, which influences the release of stress-inducing hormones such as cortisol, norepinephrine, and adrenaline. In addition to affecting respiration, heart rate, pulse, blood pressure, and muscle tension and coordination, five-finger hypnosis can also improve memory, increase body temperature, increase productivity, and control stress-related hormones. The benefits of five-finger hypnosis include increased energy, fostering emotional calm, and reducing stress and anxiety[3].

The results of this study align with the findings of several antenatal studies demonstrating the effectiveness of relaxation and hypnosis techniques in reducing anxiety during pregnancy. Bingan's (2019) study reported that prenatal gentle yoga significantly reduced anxiety levels in pregnant women in the third trimester ( $p < 0.05$ ), through activation of the parasympathetic nervous system and increased feelings of relaxation[14]. Similar results were also reported by Dasri and Marbun (2021), where dhikr relaxation therapy and five-finger hypnosis were effective in reducing anxiety in primigravida pregnant women with a  $p$ -value = 0.001[3]. The results of this study, consistent with the literature, indicate that the relaxation mechanism induced by five-finger hypnosis works by reducing limbic system activation, thereby reducing the release of stress hormones such as cortisol and adrenaline. This supports the theory that non-pharmacological relaxation techniques are effective in suppressing physiological responses to anxiety in pregnant women.

However, this finding is slightly different from the study by Usman (2016), which emphasized antenatal care (ANC) compliance as the dominant factor in reducing anxiety before childbirth[2]. This difference may be explained by the current study combining educational interventions with five-finger hypnosis, thus encompassing both physiological and cognitive aspects. Thus, the combined interventions provided are more comprehensive than single interventions that target only one domain (psychological or cognitive).

This study had a relatively controlled level of intervention heterogeneity because all respondents followed the same protocol, namely watching educational videos and doing five-finger hypnosis exercises four times per week for four weeks. However, small variations in adherence to the exercises and family support may influence the intensity of the relaxation effects obtained. Some pregnant women reported difficulty maintaining consistency in independent practice, especially in the second and third weeks, which likely influenced the variation in the reduction in individual anxiety scores. Support from a partner or family member was shown to strengthen the intervention's effects by increasing motivation and a sense of security during practice.

Non-pharmacological therapies, including cognitive therapy, laughter therapy, relaxation, and five-finger hypnosis, are safer than pharmaceutical therapies such as anti-anxiety medications, which can help reduce anxiety but can be addictive. It is hoped that these interventions can reduce the long-term use of anti-anxiety medications, especially for pregnant women, because five-finger hypnosis is a concentration of ideas and images or memories formed by touching five fingers in sequence while in a calm state[3]. Another study conducted by Alfandi (2017) on students stated that teaching five-finger hypnosis and deep breathing relaxation techniques can relieve tense muscles, increase focus, and reduce anxiety and stress[15]. The analysis of the effects of Five-Finger Hypnosis and Education for Pregnant Women showed a difference in scores before and after receiving five-finger hypnosis therapy. The anxiety levels of pregnant women ranged from 23 to 36 before receiving therapy, which is considered moderate anxiety, and between 7 and 18 after receiving therapy, which is considered mild anxiety.

Based on research conducted by S. Adnyani et al. (2024) regarding anxiety in pregnant women, the results obtained in the treatment group had a p-value of 0.000 ( $<0.005$ ), which means there is a difference before and after giving breathing relaxation using the affirmation method on anxiety in pregnant women[16]. Five-finger hypnosis has an impact on the anxiety levels of pregnant women, as indicated by a p-value of 0.0001. Based on research conducted by Dian Arianti et al. in 2023, it was found that five-finger hypnosis has an impact on the anxiety levels of pregnant women during the pandemic (p-value = 0.0001)[17]. Similar research by Ranida Arsi et al., in 2024 with bivariate analysis using the non-parametric Wilcoxon Z Test showed that the p value was  $0.000 < (0.05)$  meaning there was a difference in the average score before and after being given 5-finger hypnosis therapy intervention and providing education on anxiety in pregnant women, so it can be concluded that 5-finger hypnosis and providing education affect reducing the level of anxiety experienced by pregnant women[10].

Based on previous research, one of them may have had a high level of anxiety during the pretest due to insufficient knowledge about pregnancy, especially how to cope with anxiety. Pregnant women need screening for pregnancy and early preventive interventions, including health education. Pregnant women who receive health education will be better prepared to handle the changes that come with pregnancy. Research by Arsi et al. (2024) states that to increase awareness of pregnant women, counseling and education programs need to be developed, along with information about high-risk pregnancies. Therefore, to improve maternal and child health, early diagnosis of high-

risk pregnancies is needed at the primary health care level. Education, sometimes referred to as enhancement, is a dynamic process of behavioral change that occurs as a result of individual, group, or community awareness [10],[18],[19].

Considering the literature, the results of this study are consistent with most antenatal studies that confirm the effectiveness of relaxation interventions in reducing maternal anxiety. The combination of education and five-finger hypnosis offers dual benefits: improving cognitive understanding and reducing physiological reactivity to stress. Heterogeneity in duration, adherence, and support are important variables that need to be strictly controlled in future studies to more accurately estimate the intervention's effects and strengthen the generalizability of the findings.

A design without a control group cannot eliminate the influence of natural maturation, history effects, or testing effects. The use of a self-administered questionnaire also opens up the possibility of social desirability bias, particularly because respondents were in a mentoring group. In terms of external validity, the study was conducted in only one community health center with a relatively small sample size, so the results cannot be broadly generalized to the entire population of pregnant women. Despite these limitations, these findings have realistic clinical implications. The five-finger hypnosis and pregnancy education intervention is safe, simple, and inexpensive, and has the potential to be implemented as a complement to primary care. However, implementation in the field requires training of health workers with a standardized script to ensure consistency of the intervention. Future research agendas include conducting a controlled trial (quasi-experiment with a control group or randomized controlled trial), including a power analysis, the use of blinded outcome assessors, and short- and medium-term follow-up measurements. This is crucial to strengthen evidence of causality, assess the sustainability of effects, and support the integration of the intervention into broader antenatal care programs.

## CONCLUSION

This study shows that the provision of five-finger hypnosis videos and pregnancy education reduced the level of anxiety of pregnant women, from moderate anxiety (56.7%) to mild anxiety (73.3%) after a four-week intervention. This difference was significant with a Cohen's *d* effect size of 6.55, indicating a large effect strength, so this intervention has a meaningful clinical impact. These findings support the potential of simple and inexpensive non-pharmacological interventions in reducing anxiety levels. However, these results need to be interpreted cautiously, considering the study design without a control group, the relatively small sample size, and the limited generalizability from a single community health center location. This intervention is more appropriately viewed as a complementary therapy that can support antenatal care services, but cannot replace other approaches with stronger evidence. The next research agenda is a controlled trial with a larger sample size and long-term follow-up evaluation to strengthen the validity of the findings.

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