



Mezile's Model (Back Massage and Self-Hypnosis) Based on Information and Technology to Lose the Anxiety of Postpartum Mothers in COVID-19 Pandemic Era

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Abstract

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BACKGROUND: The roles of husbands to keep the psychological condition of pregnant and postpartum mothers are low. Many husbands could not perform full attention and support during the pregnancy, delivery, and postpartum period. Heretofore, the researchers do not find studies that include the roles of the husband from antenatal until postnatal care during the COVID-19 pandemic.

AIM: This research aims to create Mezile's model in the form of back massage and self-hypnosis based on information and technology with adequate design and effective implementation to lose the anxiety of postpartum mothers. This model also involved husbands taking the role from the antenatal until postnatal care.

METHODS: This research and development used a true experimental design with pre- and post-test control group design. The researchers used simple random sampling. The subjects consisted of 50 participants in the experimental group and 50 participants in the control group. The experimental group received the intervention with *self-hypnosis* training, while the husbands of the experimental group received back massage training. The husbands in the control group received only back massage training. The intervention lasted from the 2nd until the 15th day after normal delivery. Then, mothers with post-section cesarean received the training on the 8th until the 21st day. The researchers used *Wilcoxon* and *Mann-Whitney* tests.

RESULTS: Mezile's model refers to back massage and self-hypnosis based on information and technology. It was reliable as the holistic-based education media to apply effective management to lose anxiety ($p = 0.03$), higher than the control group.

CONCLUSION: Mezile's model, back massage, and self-hypnosis, based on information and technology, are reliable for obstetric care education based on holistic nature during pregnancy and postpartum. The implementation was effective in managing the anxiety of postpartum mothers in the control group.

Introduction

COVID-19 pandemic outbreaks in most 215 countries in the world. It significantly influences various sectors, including health, so the health service policy is greatly affected in Indonesia [1]. The medical service in Indonesia, especially the obstetric, is given based on the policy in Indonesia. It prioritizes the health protocol to serve the patients [2]. Both services, before or during the COVID-19 pandemic, remain the same. However, some services are stopped, such as education for pregnant women, due to the high COVID-19 incidents [2]. The second until fourth postpartum visits are done online through WhatsApp as the communication mode between the obstetrician and the patients [2].

In general, postpartum mothers experience joy and happiness after the delivery. It is because they have undergone the pregnancy and delivery process. In their 1st postpartum week, the mothers experience hindrances, such as scratched nipple, lack of resting

time, pain around the perineum area after receiving post-delivery stitch on normal delivery, or pain in the stomach after receiving section cesarean procedure [3], [4]. The hindrances engaged by the mothers can cause increased anxiety during the postpartum period. Most mothers cannot adapt to their new roles in the 1st and 2nd weeks postpartum [3], [5].

The engaged anxiety by postpartum mothers must receive immediate action to prevent anxiety, lack of spirit, fatigue, concentration difficulty, resentfulness, muscular tension, and sleeping problems [5]. The anxious postpartum mothers will have problems providing breast milk if they do not receive immediate action [6]. Babies will find growth and development problems when they do not consume exclusive breast milk [7]. According to Sinaga *et al.* (2019), the incidents of diarrhea in babies without exclusive breast milk are 3.8 times higher than in those with exclusive breast milk [8].

Based on the literature review, pregnant and lactating mothers are susceptible to psychological problems during the COVID-19 pandemic [9]. The

efforts to keep the psychological and mental health of the mothers are by educating them since the last trimester. The education should be available, effective, and accessible from the third trimester. Some influential factors toward psychology are the limitation of health service access, lack of support from husband and family, and the medical workers during this COVID-19 pandemic [10]. The supports of the husbands are the applicable supports in the form of attention toward their wives. It is important because the wives will give birth, so they need more attention and assistance during the postpartum pandemic [11]. According to Rina and Yulia (2019), they found the influence of back massage by husbands toward postpartum mothers' breast milk production speed on the 1st and 2nd day in Sebring Padang public health center. They found that the mothers produced an additional 30% breast milk on the 1st day and 70% additional milk on the 2nd day of the postpartum period [12].

According to Basic Research Health (2018), the anxiety prevalence found 9.8% of children aged older than 15 years old. This percentage was equal to 15 million Indonesian citizens that suffered mental-emotional problems, indicated with anxiety symptoms [13]. The prevalence of anxiety on postpartum mothers generally occurred 1–24 times a week, with 15–24% incident rates in some countries. In the 1st week of the postpartum period, mothers experience anxiety with a percentage of 23%. In the 4th week, the rate decreases by 17%. Then, in the 8th week, it decreases again to 15% [14].

In Indonesia, the confirmed COVID-19 patients in October 2021 reached 4,224,487 incidents. The fully recovered rate was 4,054,246, while 142,494 passed away [15]. The government attempted to solve the COVID-19 spread with health protocol discipline, vaccine administration for health workers, older people, common people, people aged 12 and 18 years old, and public service workers. These efforts are useful to reach herd immunity [16]. The government also applies the 3T procedure. It deals with testing, tracing, and treatment. The government also limits people's mobility, especially in Java and Bali regions [16]. The implementation of Community Activity Limitation, *PPKM*, has been urgent for Java and Bali from July until the end of September 2021 [16]. This policy affects health service access in some regions in Indonesia. The government focuses the service on COVID-19 patients. The main problems encountered by pregnant and lactating mothers deal with the stopped pregnancy education and the postpartum period's visits during the second until the 4th week through online media. Thus, they make the pregnant, and lactating mothers do not receive maximum guidance from the health workers, especially the obstetricians.

The preliminary study toward obstetricians and postpartum mothers in Indonesia, in September 2020, obtained the data of six obstetricians and six postpartum mothers. The interview showed that

the obstetrician agreed with education provision for postpartum mothers. They argued that it could improve breast milk production during the COVID-19 pandemic. Thus, they thought about the technology of providing education for the mothers so the mothers could easily access it everywhere. Postpartum mothers need education about their new roles as pregnant mothers with information technology methods. It is important to prepare for their future health during the COVID-19 pandemic.

Based on the explanation, there is a need to improve the obstetric care service during antenatal and postnatal care in the COVID-19 pandemic. It is by improving the education based on the 4.0 industrial revolution. In this research, the researchers provided Mezile's model based on information technology to lose postpartum anxiety during the COVID-19 pandemic in the form of back massage and self-hypnosis. Mezile's model is an innovative model to provide education for the third-trimester pregnant mothers by involving the role of their husbands. The pregnant mothers during the third trimester receive self-hypnosis training while their husbands receive back massage training online. The education was continued until the mothers gave birth and passed their postpartum period. The purpose of Mezile's model provision is to facilitate pregnant women to prepare for their delivery and undergo the postpartum period happily and free from anxiety.

Methods

The research design

This research and development used a *true experimental* design with *pre-post-test control group design*. The sampling technique was a random sampling technique with the lottery method. The experimental group received Mezile's model intervention with back massage training for the husband and self-hypnosis for the pregnant mothers. The control group received back massage for the husbands with third-trimester mothers. The researchers researched Indonesia and took 2.5 months from March until May 2021. The participants were individuals that met the inclusion and exclusion criteria. They were from various locations in Indonesia.

Population and sample

The independent variable was Mezile's model administration, including back massage and self-hypnosis. The dependent variable was the anxiety experienced by postpartum mothers. The applied sample consisted of mothers with a third-trimester period and 36–40 weeks of pregnancy. Pregnant women could

read and access social media technology. The husband of the mothers participated in this research, but they had to meet some conditions. They were able to read and have an Android smartphone and operate it online. The criteria of postpartum mothers to join self-hypnosis training online during the pregnancy class were having low or mild anxiety score, primipara or multipara mothers, having no contradiction of back massage provision during the postpartum period on the 1st and 2nd week for normal delivery, and 1st until 3rd weeks for section cesarean. The subjects consisted of two groups. Fifty respondents were in the intervention group, while the other 50 respondents were in the control group.

Instrument

The researchers used research guidelines, such as interviews, to collect the data from the first until the fourth subjects. In this case, the researchers used the Google Forms link as the media. The questionnaire was useful to measure the applied model's success. It consisted of a questionnaire to collect demographic matters of the respondents, an observation sheet of the given treatment for both groups, and a questionnaire to check the anxiety, using Postpartum Specific Anxiety Scale.

Intervention

The mothers in the intervention group received self-hypnosis training. Their husbands, on the other hand, received back massage training once a week. In the control group, only the husbands received back massage training. The researchers intervened in the groups after the mothers gave birth. It was on the 2nd until the 15th day after normal delivery with 5 times of back massage implementation for 15–30 min. They did it on the 2nd, 5th, 8th, 11th, and 15th days. Then, for section cesarean mothers, they received the message from the 8th until 21 days. They received it 5 times with 15–30 min duration on the 8th, 11th, 14th, 17th, and 21st days. The back massage with Mezile's model was developed from some postnatal massage theories. They covered petrissage, effleurage, diagonal stroke, back side stroke, love kneading, *circular thumbs*, *massage over the scapula*, *chisel fish*, *effleurage*, *tapotement*, and *integration*. The self-hypnosis administration was done through audio-video. The video was shared once the mothers received back massage from their husbands. The husbands used the therapy based on what the researchers taught them or based on the enumerator with the approved *Standard Operating Procedure* by experts in this research.

Data analysis

The researchers analyzed the data with univariate and bivariate analysis. After examining the

homogeneity and the normality, the researchers found that the data were not normal. Thus, the analysis was continued with a non-parametric test. It consisted of the *Wilcoxon* and Mann–Whitney tests to determine the significant difference between both groups.

Research ethics

The research ethic reliability was received from the Bio-Ethical Commission of Medical and Health Research, Medical Faculty of Universitas Islam Sultan Agung, Semarang. The number of the code of ethics is 25/II/2021/Komisi Bioetik. The respondents had received the informed consent accurately.

Results

Respondents' characteristics

The respondents' characteristic distribution in this research consisted of age, education, job, family income, parity, types of delivery, family support and husband support, and health records of the mothers. The respondents' characteristics are available in Table 1.

Table 1: The respondents' characteristics

Characteristics	Intervention		Control		p-value
	n	%	n	%	
Age					0.03
Healthy reproduction	47	94%	45	90%	
Unhealthy Reproduction	3	6%	5	10%	
Education					0.43
Low education	3	6%	4	8%	
High education	47	94%	46	92%	
Parity					0.11
Primipara	34	68%	29	58%	
Multipara	16	32%	21	42%	
Grand multipara	0	0%	0	0%	
Occupations					0.05
Having job	20	40%	16	32%	
Jobless	30	60%	34	68%	
Types of delivery					<0.001
Normal	39	78%	24	48%	
Section cesarean	11	22%	26	52%	
Family income					0.09
Low	3	6%	11	22%	
Moderate	22	44%	26	52%	
High	25	50%	13	26%	
Family and husband supports					0.42
Available	48	96%	46	92%	
Unavailable	2	4%	4	8%	
The Health Record of the Mothers					0.24
Available	1	2%	2	4%	
Unavailable	49	98%	48	96%	

Table 1 shows that the respondents of the intervention group with healthy reproduction category consisted of 94% while the unhealthy persons are 6%. Then, the control group consisted of 90% individuals with healthy reproduction and 10% with unhealthy reproduction. A percentage of 6% of participants in the intervention group have low education. Then, 94% of participants have high education. Then, the control group consisted of 8% individuals with low education and 92% with high education. The parity mothers in the intervention group were from 68% primipara, 32%

multipara, and 0% grand multipara. Then, in the control group, the primipara respondents consisted of 44%, multipara with 56%, and grand multipara with 0%. The occupations of the mothers in the intervention group were 40% occupied and 60% non-occupied. Then, the control group consisted of 32% occupied mothers and 68% non-occupied mothers. The delivery types of the intervention group were 76% normal delivery and 22% section cesarean delivery. In the control group, the respondents that normally gave birth consisted of 48%, while those with section cesarean consisted of 52%. The family income of the intervention group consisted of 6% lower-income families, 44% moderate-income families, and 50% high-income families. Then, in the control group, the respondents with lower-income families consisted of 22%, moderate-income families with 52%, and high-income families with 26%. The husband and family support from the intervention group consisted of 98% receiving family and husband support and 2% lack of supports from both family and husband. Then, in the control group, the respondents receiving family and husband support consisted of 92%. Then, a percentage of 8% of respondents did not receive family and husband supports.

The health record of mothers in the intervention group consisted of 2% with medical records and 98% without medical records. In the control group, respondents with health records consisted of 4%, while those without health records comprised 96%.

The effectiveness test of the postpartum mothers' anxiety on both groups

Table 2 shows the anxiety measurement in the pre-test of both groups. The intervention group obtains a minimum score of 73, a maximum score of 111, and an average score of 95.56. On the other hand, the control group obtains a minimum score of 72, a maximum score, 109, and an average score of 92.86. The post-test anxiety measurement of intervention groups showed a minimum score of 60, a maximum score of 100, and an average score of 76.48. Then, in the control group, the minimum score was 63, with a maximum score of 100 and an average score of 79.76. The statistical test with *Wilcoxon* shows that the anxiety levels of both groups are $p < 0.05$. It shows that the applied model was effective for the intervention group to lose the anxiety of postpartum mothers. The back massage of the control group was also effective in losing

the anxiety. The *Mann–Whitney U*-test showed that the pre-test of both groups' anxiety was not significantly different, with $p = 0.11$ ($p > 0.05$). Then, the post-test of both groups was significantly different, with $p = 0.03$. It proved the effectiveness of losing the anxiety after the model implementation of back massage and self-hypnosis for the intervention group and back massage for the control group. The intervention group could lose its anxiety better than the control group. The evidence was the average scores of the intervention group. It decreased to 76.48, while the control group decreased to 79.76. The *Mann–Whitney* statistic test showed that the delta value effectiveness (Δ) of the pre-test was significantly different. It was observable from the $p = 0.000$ ($p < 0.05$). It meant that the applied method, in the form of back massage and self-hypnosis based on technology information, was effective than the only administration with back massage for the control group. The average score of the decrease (Δ) of the intervention group was higher than the control group. It was -19.06 than the control group, -13.10 .

Discussion

Most mothers received family and husband supports. They also did not have health problems. Husband and family supports are important because mothers have roles in nurturing their children. If this role is done together with the spouse, it could positively impact the postpartum mothers. It was found that there is a relationship between husband's support and postpartum mother's motivation to give exclusive breastfeeding breast milk for babies. The health record of mothers also influences the psychological condition. A healthy mother without any disease could optimize her role to nurture her babies and take care of her family [20].

This experimental research is to create a blueprint of a model, *Mezile's model*, and analyze the effectiveness. The results showed significant differences experienced by both groups. Thus, the applied method by providing back massage for the husband and self-hypnosis for the mothers in the third trimester with autonomous implementation could lose the anxiety levels of the postpartum mothers during the COVID-19 pandemic.

The materials in the e-module consisted of PowerPoint slides, interesting, simple, and accessible videos so the participants would not only read but also see the illustration. Thus, mothers and husbands could understand the information in the e-module, PowerPoint, and the audio-video to be applied after giving birth. In general, in the 1st week of delivery, the postpartum mothers experience fatigue and pain around the stitched areas for those with normal delivery. Mothers

Table 2: The anxiety measurement

Measuring the anxiety	Groups				p-value**
	Intervention		Control		
	Mean \pm SD	Min-Max	Mean \pm SD	Min-Max	
Pre-test	95.54 \pm 9.842	73–111	92.86 \pm 9.028	72–109	0.11
Post-test	76.48 \pm 8.374	60–100	79.76 \pm 8.902	63–100	0.03
P-value*	< 0.001		< 0.001		
Measuring the anxiety	Groups				p-value**
	Intervention		Control		
	Mean \pm SD	Min-Max	Mean \pm SD	Min-Max	
Selisih	-19.06 \pm 8.274		-13.10 \pm 5.611		<0.001

*Wilcoxon, ** Mann–Whitney.

with section cesarean procedure experience insomnia, scratched nipples, breastfeeding problems, difficulties adapting to their new roles, and increased anxiety [3]. Most new mothers who gave birth would have anxiety in the first postpartum period. It embodied sadness, resentment, sensitive emotion, easily crying, and sensitivity to trivial cases around them [4], [17]. Thus, they must adapt to their new roles as mothers and learn to take responsibility.

The psychological condition of postpartum mothers was interrupted. It influenced the breast milk production that influenced the nutrition for babies [4]. Lack of nutrition provision for babies deals with growth and development problems in the future. The babies may suffer lower weight or stunting. Thus, the government of Indonesia aims to reach qualified children in the future. The influential factors of postpartum mothers' anxiety were the mothers themselves, the newborn babies' unexpected reality, fatigue, pain on certain parts, such as perineum scar after stitching on the stomach, post-section cesarean scare, breastfeeding problems, and lower self-body image [18].

Massage therapy is a non-pharmacological therapy applied to certain parts of postpartum mothers. In this research, the massage was done on the mothers' backs. It was done by the husbands and could effectively lose the anxiety. The responses are sent into the hypothalamus to stimulate the autonomous nervous system and the endocrine hormone in an anxious or stressed condition. Thus, the body produces neurotransmitters and endocrine hormones, such as cortisol [19].

The back massage by the husband could trigger comfortable, fresh, relax, and fit sensations. The mothers would feel positive energy, compassion, love, and respect from the husband. They would also feel being accompanied to undergo their postpartum period. These responses were sent into the hypothalamus to stimulate the posterior pituitary so that the body produces oxytocin and endorphin to decrease the cortisol hormone production. The effects felt by the mothers were such as happiness and relaxation. It helps them to improve breast milk production. Rahayu *et al.* (2018) stated that endorphin massage by husbands could lower the anxiety of postpartum mothers. Melyana *et al.* (2016) also found that the combination of loving massage and effective aromatherapy could improve the prolactin hormone levels of postpartum mothers [21]. This hormone increases the breast milk production of the mothers.

The self-hypnosis therapy for the postpartum mothers was done by listening to the audio-video. It helped them get into a hypnotized state in which the human consciousness becomes subconscious [22]. These would help the mothers to improve their life quality by providing positive suggestions repeatedly during the therapy. The hypnotized condition makes the mothers relax because the brainwaves are changed from beta to alpha. In this stage, some suggestions are introduced.

The repeated action of self-hypnosis allows the positive suggestions to retain under the subconsciousness of the mothers. Thus, they could take their roles as mothers [22]. This relaxing condition occurs because the hypnotherapy process through self-hypnosis allows the body to produce endorphin. It has the function of suppressing cortisol hormone production [22]. Haloho *et al.* (2020) found that back massage therapy and self-talk could decrease anxiety and improve the breastfeeding self-efficacy of postpartum mothers [23]. Sari *et al.* (2019) found that hypno-breastfeeding could lower the anxiety of postpartum mothers. They found differences in the intervened group with hypno-breastfeeding and national standard postpartum care for the control group. The intervened group showed greater anxiety loss than the control group [24].

In general, this research could explain the blueprint of Mezile's model. It was found reliable and effective to lose the anxiety of postpartum mothers in the COVID-19 pandemic. Some influential factors of success were the health reproduction age, from 20 to 35 years old, high education background, high frequency of primipara mother, job status of the mothers – housewives, normal delivery, moderate family income with monthly earning from Rp. 100,000,000 to Rp. 300,000,000, family and husband support, and no severe health record of the postpartum mothers.

The other influential factors were the accessible facility in this research. It made the mothers access the information anywhere without going outside of the house or meeting other people and triggering crowds. Besides that, the researchers also shared excellent audio-videos with interesting displays, so the respondents were facilitated to understand the information contained in the audio-video. The researchers and the enumerators also struggled to provide kind and polite services for the respondents. If the respondents asked questions individually through WhatsApp during this research. However, the limitations of this research were due to the COVID-19 pandemic. Thus, the researchers and the respondents could not meet directly. Second, the research required patience from both the researchers and the enumerators to take the data. It was because guiding the respondents online had to establish trust comprehensively. This research could not be generalized nor represent a condition of a certain region. It was because this research was done online in Indonesia. Any participants that met the inclusion and exclusion criteria were eligible to be the research respondents.

Conclusion

Mezile's model based on information technology was reliable for holistic educational

media. The implementation was effective in losing the postpartum mothers' anxiety. It proved statistically with a $p = 0.03$, more significant than the control group. The average score of the decrease (Δ) of the intervention group was higher than the control group. It was -19.06 than the control group, -13.10 . The success factors of this research were the health reproduction category from 20 to 35 years old, higher education level, primipara mothers, job status as housewives, normal delivery, moderate monthly family income from 100,000,000 to Rp. 3.00,000,000, family and husband support, and no severe health record of the postpartum mothers. The other supporting factors were the given service by researchers and kind and polite service for the respondents. These matters made them following the process completely. Besides that, the access service and qualified audio-video supported the research. Future researchers could educate pregnant, maternal, postpartum, and lactating mothers with other education themes during the COVID-19. It is also to replace the stopped maternity education due to COVID-19.

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