

Determining the Effectiveness of Spiritual Therapy on Delivery Anxiety among 1st Pregnancy Women in Imam Ali Hospital, Amol, Iran 2011

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Abstract: Since, medical treatment in Anxiety disorder is only symptoms-directed, so Spiritual therapy was used to reduce anxiety among 1st pregnancy women. The method was experimental and control group with pretest- posttest. The population was 30 women who had 1st pregnancy that were refer to Imam Ali Hospital, Amol, Iran 2011 to carry out checks during pregnancy and delivery, that they were selected and randomly assigned to two experimental and control groups with 15 individuals. Relaxation and meditation technique (Spiritual therapy) was performed for experimental group in 8 sessions (when the women go to the hospital in the last three months of pregnancy) and then posttest was performed for both groups (experimental and control). A measuring tool was a questionnaire of anxious by Spielberger and patients' medical records. Analysis of data was used through covariance analysis (for anxiety variables) and Spearman Correlation test (test for significant differences in the two groups of selected vaginal delivery) with SPSS software version 16. The result showed that there was a significant difference after adjusting pretest scores between the means of four group ($F(1,27) = 25.314, p = 0.000$). Also, investigating the adjusted means showed that Spiritual therapy was effective to reduce anxiety in 1st pregnancy women through Spiritual therapy. The signs in the experimental groups showed a greater reduction in the post test compared with the control group. The research results showed that Spiritual therapy was effective to reduce anxiety among 1st pregnancy women.

Key words: Spiritual therapy, delivery, 1st pregnancy women, anxiety, Amol

INTRODUCTION

Child birth concludes the period that start from regular uterine contractions and takes until the placenta exit. A process through which the takes naturally occurs, is called labor (term in midwifery texts that refers to a number of implications in English). According to the short dictionary and new Oxford English Dictionary, Toil, Trouble, suffering, Bodily exertion all are the characteristics of labor, especially in painful conditions and outcome of the work and therefore are involved in the process of Childbirth. It seems that these implications are related all to the health care providers and emphasized that all health care providers should support needs of women in the labor process, particularly in relation to relief the effective pain. In 2007, at Parkland Hospital, only 50% of 13,991 women had been reached to labor and delivery at term time which had cephalic presentation of single pregnancy. The rest of the women were faced with dysfunctional labor that requires a strengthening labor, or were under other medical or obstetric complications that were needed to induce labor, or had cesarean delivery. It seems that if 50% of women simply because they cannot reach their delivery as "unnatura", we will be much

exaggerated. Thus, the distinction between normal and abnormal is often subjective aspect. However, from the high prevalence rate of labor disturbances can be used to emphasize the importance of labor events in the successful outcome of pregnancy (Kagyngham *et al.*, 2010).

Labor pain is one of the most severe pains that women experience in their life time. Environment is effective on mother's experience of pain. Stress and anxiety due to pregnancy and child birth crisis is aggravated with the mother's admission to hospital and the association of this phenomenon by stress and many other factors and can affect the labor pain (Pyrdel and Pyrdel, 2009). Every year more than 150 million women are pregnant in developing countries that for some of them, delivery is not satisfactory and is associated with pain and fear (Ghodsi and Hakemzadeh, 2011).

Although, anxious give dynamic to life, however, only a certain amount of anxiety is useful to humans because excessive anxiety can make a person susceptible to any physical and mental illness (Taghili, 2009). The 1st pregnancy women are experiencing severe anxiety during labor, that this anxiety will reduce the chances of normal delivery (Mirza *et al.*, 2009). Time of delivery is one

of the factors affecting pregnancy result and inflicted damage on the mother and fetus. One of other things that increase anxiety during labor and delivery is the fasting women during labor that including unnecessary medical intervention that leads to adverse maternal and fetal outcomes (Bylandy *et al.*, 2011). Hajian *et al.* (2010) suggest that the main findings of their study showed that the main reason for people's willingness to cesarean from the perspective of the participants was fear of labor pain. Other reasons were fear of doctors and midwives of patient complaints and subsequent legal issues, family advice, low information and myths of pregnant women about delivery methods, the limitations associated with providing services to pregnant women such as labor and delivery room, students and various groups interventions involved in the labor movement and lack of proper interaction of individuals involved in labor practice with each other and in the end, the cases that justify this problem such as obesity and lack of organs physical fitness of women during pregnancy, increasing age of most of women in the current situation due to late marriage and long-term prevention of pregnancy and increasing internal disorders during pregnancy, lack of mobility and exercise for women during pregnancy.

However, what can be stated at the conclusion of this study is that there is vicious cycle of causes that are the main cause of this problem but the desire of mothers is the cause of this problem while, the need natural child birth should be promoted in other ways such as improving the training of women and their spouse. The available options to perform a vaginal delivery without pain and complications are to improve the quality of midwifery services during labor pain and delivery with the clarification of the duties of the midwife and obstetrician in the vaginal delivery and increase the motivation of group involved in vaginal delivery by observing their professional aspects (Hajian *et al.*, 2010).

Several factors are effective on sexual function and sexual satisfaction. The type of delivery is one of these factors. In some studies, mode of delivery was not associated with sexual function and satisfaction and in some cases, natural or cesarean delivery has been mentioned as factors related to sexual function and satisfaction (Ozgoli *et al.*, 2010). Pain is a natural phenomenon and an integral part of the delivery. There is a large emphasis on the treatment of labor pain. Since, the adverse effects are associated with using drug for pain relief, it is better to use non-drug methods for pain relief. One method is to use acupuncture (Salehyan *et al.*, 2010).

Pregnant women often have the stress of the child birth. From the proposed methods for reducing anxiety and pain of pregnant mothers is relaxation (Nanbakhsh *et al.*, 2009). According to the country's policy on the reduction of selective cesarean and guidelines No.16 of Department of Health regarding to the use of non-pharmacological methods of pain relief delivered by obstetricians and midwives, creating situation for adjusting the pain of labor will ensure that mothers and their families tend to vaginal delivery rather than endure costly cesarean and midwives can conduct to their main role to manage and to perform normal delivery. The aim of this study was to determine the Effectiveness of Spiritual Therapy on Delivery Anxiety among 1st Pregnancy women in Imam Ali Hospital, Amol, Iran (2011) To investigate the education effect on anxiety of 1st delivery of women in reducing choice of cesarean method as selective delivery?

MATERIALS AND METHODS

The randomized sampling method was used for sampling. After pretest study, 30 individuals were chosen that these 30 participants were randomly divided into two experimental and control groups. So, the research method was experimental in pretest and posttest with two experimental and control groups (the experimental group were women that before first birth, in the last trimester of pregnancy were treated with Spiritual therapy whereas the control group received no treatment).

In Table 1-5, one of the measures tools in this study was using medical records of 1st pregnancy women admitted to the Imam Ali Hospital, Amol, Iran that researcher had provided from the hospital and information such as medical condition during labor were noted and were used to analyze the data.

Other instruments to measure were Spielberger State-trait Anxiety Inventory (1983). Psychometric properties of Spielberger State-trait Anxiety Inventory (1983): the first form of Spielberger State-trait and Anxiety Inventory was presented in 1970 and in the name of the STAI-Y and was revised in 1983.

The revised form (STAI-Y) includes 40 questions. Question 1-20 include state anxiety (state) with four options (no, sometimes, often or very much) from 21-40 questions with four choices of trait anxiety (almost never, sometimes, often or almost always). Factor analysis was used for data analysis and sample size for the study was considered a range of up to 300 individuals. In order to obtain an appropriate sample that is representative of the mentioned community, multi-stage sampling method

Table 1: Category norm of state anxiety test among all groups

Categories	The range of categories	The range of raw scores	Percent
Severe	3.5-4	70-80	1
Relatively severe	2.5-3.49	50-69	15
Relatively light	1.5-2.49	30-49	67
Light	1-1.49	20-29	17

Table 2: Category norm of trait anxiety test among all groups

Categories	The range of categories	The range of rawscores	Percent
Severe	3.5-4	70-80	0
Relatively severe	2.5-3.49	50-69	23
Relatively light	1.5-2.49	30-49	69
Light	1-1.49	20-29	8

Table 3: Category norm of state anxiety test among girls group

Categories	The range of categories	The range of raw scores	Percent
Severe	3.5-4	70-80	1
Relatively severe	2.5-3.49	50-69	18
Relatively light	1.5-2.49	30-49	63
Light	1-1.49	20-29	18

Table 4: Category norm of trait anxiety test among girls group

Category	The range of categories	The range of raw scores	Percent
Severe	3.5-4	70-80	0
Relatively severe	2.5-3.49	50-69	29
Relatively light	1.5-2.49	30-49	65
Light	1-1.49	20-29	6

Table 5: Category norm of state anxiety test among boys group

Categories	The range of categories	The range of raw scores	Percent
Severe	3.5-4	70-80	1
Relatively severe	2.5-3.49	50-69	11
Relatively light	1.5-2.49	30-49	72
Light	1-1.49	20-29	16

Table 6: Category norm of trait anxiety test among boys group

Categories	The range of categories	The range of raw scores	Percent
Severe	3.5-4	70-80	0
Relatively severe	2.5-3.49	50-69	16
Relatively light	1.5-2.49	30-49	74
Light	1-1.49	20-29	10

was used. Test validity for questions 1-20 of anxiety was 0.889 and for questions 21-40 of anxiety was 0.864. The results indicated that the correlation of Trait and state anxiety norms with anxiety trait was very strong. Factor analysis: the method of Principal Components Analysis (PCA) with Varimax rotation was used to check the simple validity of test. The results showed that anxiety in both parts of the test in 2 factors of the anxiety and without anxiety were explained 39.2 and 36.2 percentage of the total variance, respectively.

Statistical methods of data analysis: data analysis in descriptive statistics were included frequency distribution, mean, standard deviation and in inferential statistics, univariate covariance analysis was used. All calculations were performed using SPSS Software Version 16. The method of Spiritual therapy education along with chants: Meditation literally means pure consciousness, free from intellectual concerns. In this method, two times

a day for 10-15 min is paid to unload the stress of thinking about everyday life and relax muscles with deep breathing. Education to 1st pregnancy women in this study was performed 5 times for 45 min, at the outpatient clinic of Imam Ali Hospital, Amol.

At the end of these sessions, they were asked to perform progressive muscle relaxation techniques along with audio CDs that researcher had had to them, along with chants that give them peace at home 2 times a day for 15. These exercises were given in the last 3 months of pregnancy to the 1st pregnancy women in experimental group. Meditation protocols with Spiritual therapy is presented in Table 6.

Meditation method with the chants, among the Yogis in Hindi, which in fact are the founders of this science, is called Spiritual mediation. In this way, meditation with chants or spiritual is taught to the learner to express the chants each time with deep breathing and focusing on the breath, inhale and exhale, completely emptying his mind, and his mind was completely in the stillness and silence. The mediation treatment in current study is described below:

- Reading Al-Qadr Surah (at least ten times)
- Rhythmic and purposeful breathing
- Visualize goals and wishes
- Thanks giving to God

Stopping and saying sentences such as: with the remembrance of Allah, the hearts is gentle. And, I put myself to God that He sees his servants. Peace be upon mohammad and his holy family Only God is enough for us and is from the good work and benefactor. There is no momentum but by sublime and great God Do with trust in God that God loves those who trust in him.

That was told to the subjects to repeat 10 times these sentences. But if she wanted to repeat more or to say a specific mention that it was manifested. It was told to the subjects that it is better to be with ablution during the practice at home and to sit down face to the Qibla and have soft music without language.

Reading Al-Qadr Surah: First, start with a (Peace be upon mohammad and his holy family) and then read Al-Qadr Surah. Reading Al-Qadr Surah can bring so much energy for you and can prove an excellent appreciation for you.

Rhythmic and purposeful breathing: three times a day and each time to breathe deeply 10 times in 4 sec, (the air enters to the lungs) and hold breath 3 sec and exhale with half open mouth in the next 6 sec. The best breathing

techniques is deep breathing abdominal. So, that breathes as your abdomen goes forward in inhale and goes inside during exhale. Deep abdominal breathing to reduce anxiety is very effective.

Visualizing dreams and goals: Think to the goal of having a healthy and comfortable pregnancy for yourself and your baby. Try wish actually envisage your hope at least 70 sec, so that you have achieved that goal and live in the space of your goal. This technique is very powerful (creative visualization).

Praising God: We thank God for all the blessings in our life. Thanks cause great miracles in life. Repeat phrases like the following sentences:

- Divine; Thanks for my inner peace
- Divine; Thanks for ease of my body
- Divine; Thanks for my inner happiness
- Divine; Thanks all my vitality
- Divine; Thanks my health
- Divine; Thanks my high energy
- Divine; Thanks for to be human
- Divine; Thanks for hope to the merciful God
- Divine; Thanks for thank success of my lovers God

Today entrust the administration of all affairs to the strong will of God Today, entrust the openness and easily of all affairs to the endless kindness of my divine.

Stop and say sentences: read Tawhid surah (Qul Huwa Allahu Ahad) three times and read Baqare Sura Verse 255 and sending (Peace be upon mohammad and his holy family). You can also apply the following Quranic chants:

With the remembrance of Allah, the hearts is gentle. There is no momentum but by sublime and great God Do with trust in God that God loves those who trust in him

Saying chant of "Generous God" is effective to remove fear from the hearts for 137 times. At the end of this section, it is worth mentioning that a researcher have had telephone conversation with the experimental group and necessary consistency to do the exercises. The recipe for meditation in this study were given to the experimental group as typed guideline have as a guide to implement hierarchical spiritual meditation at home.

RESULTS AND DISCUSSION

The main hypothesis test: relaxation and meditation technique is effective in anxiety of 1st pregnancy women.

Descriptive statistics: Hypothesis testing or analysis of data was done in descriptive and inferential statistics. In

Table 7: Describing data: experimental and control groups

Group Index				
Variable	Group	Number	Mean	SD
State anxiety	Test	15	54.6	9.92
	Control	15	59.6	3.85
Trait anxiety	Test	15	55.4	15.22
	Control	15	50.4	6.16
Total anxiety	Test	15	110	22.7
	Control	15	110	8.5
State anxiety	Test	15	43.2	10.83
	Control	15	58.13	14.6
Trait anxiety	Test	15	44	8.6
	Control	15	59.1	13.72
Total anxiety	Test	15	87.2	19.1
	Control	15	117.2	19.95

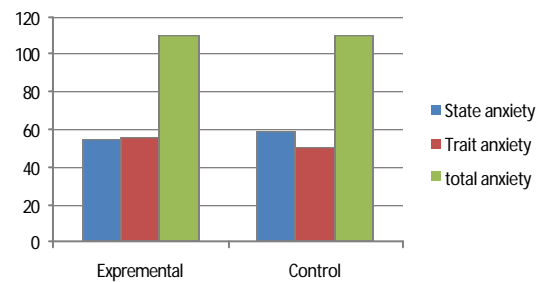


Fig. 1: Average of groups in the pretest phase

descriptive statistics; frequency, relative and cumulative percentage of the mean and standard deviation were reported. The first report of describing data from this study in the main hypothesis testing is presented in Table 7.

As can be seen in Table 7, 15 participants were involved per each group (experimental and control). Mean values of state anxiety for experimental and control groups in pretest phase were 54.6 and 59.6, respectively. The mean of trait anxiety for both experimental and control groups in the pretest phase was 55.4 and 50.4, respectively and finally, the average of total anxiety for both groups was 110.

In the post test phase, the mean values of state anxiety for both experimental and control groups was 43.2 and 58.13, respectively. Also, the average of trait anxiety for both experimental and control groups was 44 and 59.1, respectively and the average of total anxiety for two experimental and control groups in the posttest phase was 87.2 and 117.2, respectively. The average values in the pre and posttest for both groups are shown in Fig. 1 and 2.

Inferential statistics: in inferential statistics to test hypotheses of this study, a univariate analysis of covariance was performed using SPSS Software Version 16. The results are provided in Table 8-10 and Fig. 3-5. As

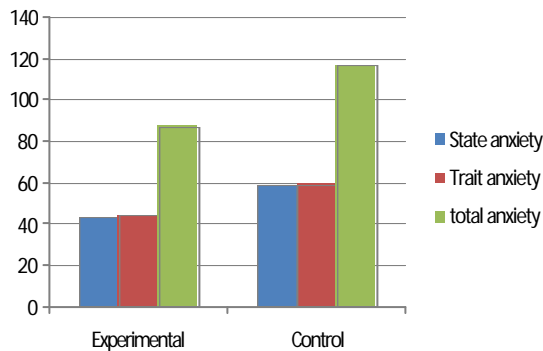


Fig. 2: Average of groups in the Posttest phase

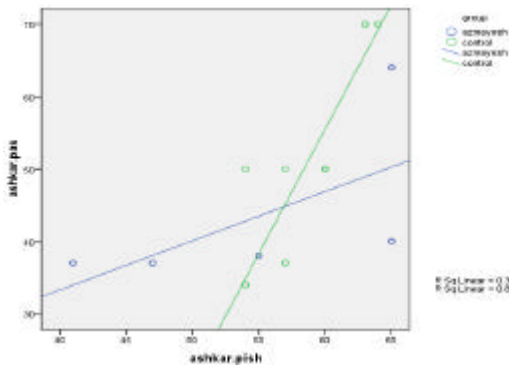


Fig. 3: Check the homogeneity of groups' regression and state anxiety variable - pre and posttest

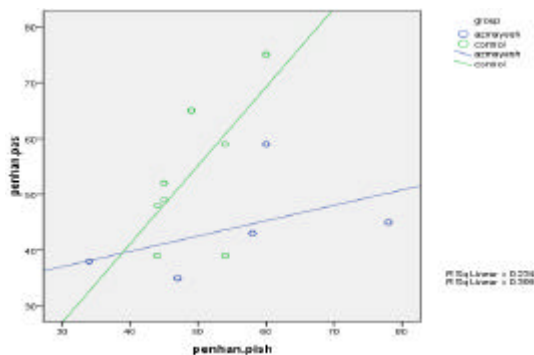


Fig. 4: Investigating the homogeneity of groups' regression and trait anxiety variable-pre and posttest

would be seen in figures, there was not regression homogeneity between pre and posttest data that is the default of univariate analysis of covariance which means the lines are not parallel but are intersecting.

So, there was not this default and therefore, instead of ANCOVA, ANOVA should be used to test the research

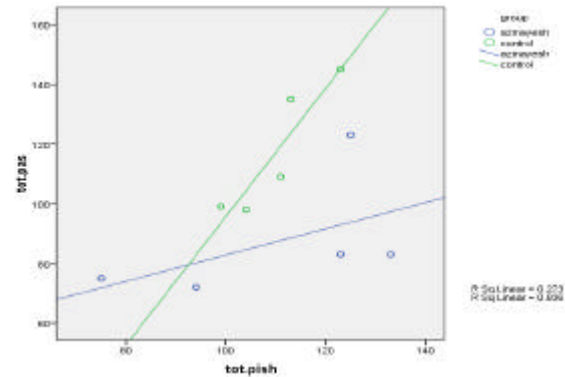


Fig. 5: Investigating the homogeneity of groups regression and total anxiety variable pre and post-test

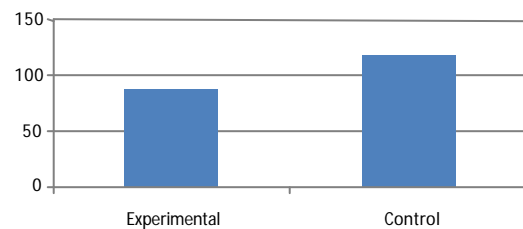


Fig. 6: The average of total anxiety in the posttest phase and groups

Group	Mean	SD	Number
experimental	87.2	19.1	15
Control	117.2	19.95	15

F	df ₁	df ₂	Sig.
0.061	1	28	0.806

hypothesis. But, as far as these tests are the same and the results of a univariate covariance analysis is more accurate, the results of the univariate analysis of covariance was used. Table 8 shows the results of covariance analysis for the total anxiety variable.

As it is evident, the average of posttest for total anxiety variable in both experimental and control groups was 87.2 and 117.2, respectively that the mean differences were significant. In Fig. 6, the mean difference is shown. As can be seen in Table 9, F value in Levene test for equality of groups' variance error was not significant that in this study indicate that the data have not questioned equality of error variances. Table 9 shows the test results between groups in total anxiety. As can be seen, the F statistic for group was 25.314 with degrees of freedom (1, 27) which the value was greater than the table F with the same degrees of freedom. So, the mean differences of

Table 10: Test of between group variable (total anxiety)

Source	Sum of squares of mean	df	Square of average	F	Sig	Eta Square
Model	10211.26	2	5105.63	19.147	0.000	0.586
Interaction	631	1	631	2.366	0.136	0.081
Pretest	3461.26	1	3461.26	12.98	0.001	0.325
Group	6750	1	6750	25.314	0.000	0.484
Error	7199.54	27	266.65			
Total	330756	30				
Modified total	17410.8	29				

Table 11: Adjusted average of groups in posttest -variable (Total anxiety)

Group	Average	SE	Confidence at 0.95	
			Down limit	Upper limit
Experimental	87.2	4.216	78.55	95.85
Control	117.2	4.216	108.55	125.85

Table 12: Percentage of normal delivery and groups

Group	Number	Percentage of normal delivery	Normal of normal delivery
Experimental	15	100	15
Control	15	40	6

groups in total anxiety variable in the posttest phase were statistically significant and research main hypothesis was confirmed. The relaxation and meditation techniques were effective on the anxiety of 1st pregnancy women.

Table 10 show the adjusted average of total anxiety variable for experimental and control groups in the posttest stage. Adjusted average, in analysis of covariance use to provide effective average after adjustment for interferer variables, i.e., with 95% can be stated that the relaxation meditation technique was effective on anxiety of 1st pregnancy women. Secondary hypothesis Test: Reduced anxiety n of 1st pregnancy women in relaxation and meditation techniques is effective in reducing cesarean delivery among 1st pregnancy women. To test this research hypothesis, given that the percentage of normal delivery among 1st pregnancy women in the experimental group was 100 and for control group was 40. The correlation coefficient between the obtained values was used (i.e., the percentage of choosing normal delivery) in each groups and levels of anxiety and posttest.

The results of Spearman nonparametric test can be seen in Table 11 and 12. As can be seen in the tables, all of 15 subjects in experimental group had normal delivery but only 6 women choose natural delivery in the control group. To test whether the difference of a normal delivery, has relationship with coefficients values in the posttest of groups or not the Spearman correlation coefficient was used. The results presented in Table 13, showed that Spearman correlation coefficient was -0.341 for natural delivery with state anxiety showed the significant level of <0.05 (Sig. = 0.033) that the relationship was at the expectation level of research.

Table 13: Spearman correlation coefficients for the percentage of normal delivery and anxiety dimensions (posttest)

Variable Index	Spearman coefficient Sig. (one way)
State anxiety	*-0.341 0.033
Trait anxiety	** -0.488 0.003
Total anxiety	-0.644 0.000
Percentage of normal delivery	0.01 α^{**} 0.05 α^{*}

Spearman correlation coefficient was -0.488 for natural delivery with trait anxiety in the groups at posttest stage showed the significant level of <0.01 (Sig. = 0.003) that the relationship was at the expectation level of research. And finally, Spearman correlation coefficient was -0.664 for natural delivery with total anxiety in the groups at posttest stage showed the significant level of <0.01 (Sig. = 0.000) that the relationship was at the expectation level of research. The anxiety, whether state or trait or total amount of it, had significant and negative relationship with choosing vaginal delivery among 1st pregnancy women. In fact, reducing anxiety in 1st pregnancy women increase choosing natural childbirth by these women and therefore, the secondary hypothesis of research was confirmed as well, i.e., the reduction of anxiety in 1st pregnancy women with the relaxation and meditation techniques led to increase choosing natural delivery (i.e., reducing the choice of cesarean delivery) by these women.

In conclusion the results of the univariate analysis of covariance for the main research hypothesis (i.e., relaxation and meditation technique was effective on anxiety of 1st pregnancy women. The values of $F = 25.314$, $df = 1.27$, $p = 0.000$ that was confirmed the main hypothesis of the study. And non parametric Spearman correlation test results for analysis of the reduction in choosing cesarean (increasing the percentage of normal delivery) from 1st pregnancy women was confirmed the secondary hypothesis of research ($r = -0.664$, the significant level of $\alpha < 0.01$ (Sig. = 0.000) (decreasing anxiety among 1st pregnancy women led to reduce the cesarean delivery). In fact, choosing natural childbirth from 1st pregnancy women of the study was 100% in the experimental group while among the women in the control group was 40%.

The main hypothesis: the relaxation and meditation technique (Spiritual therapy) is effective on anxiety of 1st pregnancy women. The univariate analysis of covariance for original research hypothesis showed that $F = 25.314$, $df = 1.27$, $p = 0.000$ that was confirmed the main hypothesis of the study. This result was consistent with the findings of conducted research in the country (Mirzaei *et al.*, 2009; Bylandy *et al.*, 2011; Salehyani *et al.*, 2010; Nanbakhsh *et al.*, 2009; Bazrafshan and Ghorbani, 2010; Safari *et al.*, 2009; Kamali *et al.*, 2010; Kaviani and Jaafari, 2010; Kaviani *et al.*, 2010). This finding of this study is consistent with the findings of conducted research by Saisto *et al.* (2001), Saisto *et al.* (2006), Yildirim and Sahin (2004), Roykulcharoen and Good (2004), Tang *et al.* (2006) and Leeman and Plante (2006). In explaining the findings of this study, it can be said that childbirth is a normal practice but most of women with onset of labor feel loneliness and helplessness and in fact, with basic sensory response to contractions during labor, they contract more their body. As a result of a period of pain, tension and pain is increased and then, the patient's condition is worse. Under such circumstances, a comprehensive support in terms of emotional, intellectual, physical and mental patient can be well prepared for delivery. This support has traditionally done by women. Although, in recent decades in hospitals world wide, the continuous support from mothers has been discussed but in fact, presenting these works instead of the norm work has become an exception. So that, concerns about the experienced adverse consequences in the process of labor has pushed women to tend be back to the traditional way. In the case of social protection, some theories have suggested that people through relationships with others evaluate their ability and attitude as well as developing relationships with others and social support may lead to a decrease in anxiety.

In line with this theory to explain the findings of this study, it can be said that given that the experimental group had meditation therapy to reduce anxiety during the three last months (third trimester of pregnancy), they had found conviction that God is always with them and get a sense of divine protection, that it can make certain assurance that it will reduce their anxiety and as a result having easier delivery than the control group. Lotfi quoted by Teichman says: some research also suggests that "receiving social support is associated to reduce the vulnerability of the psyche body and anxiety". He adds: common reaction to a stressful situation is that people tend to seek those who help or adapt them in deal with stress and anxiety. In such situations, people often are looking for someone intelligent and efficient and sometimes a person may simply prefer to support.

Thus, social support has an important role as an environment variable in the behavior. The effects of psychological functioning are concerned to social protection. Receiving support from various sources, including friends, acquaintances, family and friends and the larger community, motivate a sense of care and interest, self-esteem and to be valuable person.

The feeling of having the support and love of God, in the light of repeated chants that was given to experimental group in the study, creating a sense of self-esteem, to be valuable and feel the care and interest in women not only lead to, decreasing anxiety for labor and vaginal delivery but also they demanded to recommend this method to their friends and relatives. Duration of the active phase of labor in women in the experimental group was significantly different than the control group. Previous studies also have shown that maternal preparation with progressive respiratory and muscular relaxation techniques in week 32 of pregnancy has affected duration of the delivery phase in the experimental group than the control group (Bussing *et al.*, 2012). In the present study, considering that there were all the programs of relaxation breathing, progressive muscle relaxation and music, it was consistent with the above-mentioned researches. The secondary hypothesis: the effect of relaxation and meditation techniques in reducing the anxiety of 1st pregnancy women, reduced choose of cesarean. This hypothesis of this study was confirmed with the results of $r = -0.664$ at the significant level of $\beta < 0.01$ (Sig. = 0.000). This finding was consistent with findings of researches Ghodsi and Hakemzadeh (2011), Hajian *et al.* (2010) Safari *et al.* (2009), Tang *et al.* (2006), August (2009) Broup *et al.* (2009) and Dahlen *et al.* (2009) quoted by Kagyngham *et al.* (2010).

The scientific explanation for these findings of this study, one of the biggest causes of anxiety is fear of natural childbirth and the women did not know whether they have pain tolerance or not? Women were afraid of death and birth injuries and bleeding and therefore, the number of women prefer selective cesarean to vaginal delivery which this could be high incidence of cesarean in Iran. Describing maternity unit by other subjects (such as listening to voice and cry of others) is one of the most important factors in the development of fear and anxiety. At maternity hospital in the country, there are not private rooms and women see other women and hear the pain and the fear of other women that this fear is transmitted to other women. Moreover, because of medical education in hospital, the numerous examinations of women by the students those carry out during labor, increase anxiety in women.

CONCLUSION

The results of this study showed that 1st pregnancy women of the experimental group despite of more information about pregnancy and childbirth than the control group they had less fear and anxiety. As the literature says: designed programs to reduce the number of Caesarean births are generally focused on the following issues: doctors education; review and scrutiny, encouraging trials of labor after previous cross cesarean, and limiting performed cesarean only to women who are well-defined of eligibility criteria. Althab and coauthors in a randomized study in 34 hospitals in Latin America reported that “mandatory consultation with the other doctor” without adversely affecton maternal morbidity or perinatal was associated with caesarean with a slight but significant reduction (Kagyngham *et al.*, 2010).

In addition, according to the results of previous research, the most important factor in the choice of cesarean as selective delivery by women is fear of natural childbirth (or vaginal) especially 1st pregnancy women, and as described the scientific description of anxiety in literature research, the fearprompts anxiety because the autonomic or sympathetic nervous system prepare the peripheral nervous system to prepare the organism to fight and escape. Therefore, we can describe reducing anxiety asreturn of organism to relax or activate the peripheral parasympathetic nervous system and this reducing anxiety, reduces fear of labor, i.e. it can be removed the most important factor in choosing cesarean delivery among 1st pregnancy mothers and this led to 1st pregnancy mothers in the study group treated with the Spiritual therapyselect100% the natural delivery. Fourindividualsselected cesarean delivery (from 15 individuals) due to medical reasons.In addition, it is noted that, as stated in the literature study, one of the medical reasons for cesarean delivery is lack of progress in natural delivery in the active phase of labor. The results showed that the relaxation and meditation technique increases pain tolerance so that the average intensity of pain in the cervical dilatation of 4, 6 and 8 cm of Activists stage of labor was reduced in the experimental group. This issue is justified with the control theory of Melzack pain.

In this way that the pain impulses goesalong small fibers without Myelin and myelinated large fibers to the spinal cord. If, the small fibers lead more pain in the form of slow, dull and low intensity, less number of large fibers transports the pain in the form of a sharp and local.Since, the transmission of pain by small fibers is down slowly, it can be stimulated large fibers before sending the pain message to the brain by small fibers with messages such as creative visualization understanding of green space along the river with smooth sound of birds and create a vision of peace and tranquility and spirituality mention.

So, one feels less pain and her anxiety reduces due to pain. Limitations of the study: the low number of participants, so the lack of proper screening to achieve more accurate results, Lack of management time and it was impossible to keep track of the results, Lack of extensive work facilities on the maternity in hospital, due to the staff and doctors of maternity with the non-drug effective methods. The researcher with continuous follow-up telephone contact with the mothers and almost part of that should be done in the hospital was transferred to the mother by phone.

SUGGESTION

Caesarean is one of the ways that is used to birth in emergency situations but this is not the preferred method for delivery, because like any other surgery has many side effects and risks for mother and baby. So, it is the responsibility of planners and relevant authorities in order to reduce unnecessary cesarean rate based on the cultural and scientific realities to present appropriate solutions including accurate and timely education and family counseling as well as providing facilities of labor, non-pharmacological methods and vaginal birth after Caesarean to improve the health of mothers and babies with reducing the complications of this surgery.

To achieve this goal, it is suggested that at first, cesarean culture should be changed in society. To change this culture and bring it up to the scientific and medical principles the first step is to make people aware, especially women and to eliminate mis understandings and also to raise scientific level of doctors, especially gynecologists. All mothers during receiving prenatal care during pregnancy should be advised by people trained on the correct choice of delivery methods, as well. Proper planning is required to prenatal care programs, health system personnel, the importance of methods of obstetric complications and risk factors related to fully explain to mothers so that they can consciously take the right decision.

In addition to raise their awareness, one of the non-drug methods for reducing anxiety, such recent study is relaxation techniques and meditation, Spiritual therapy to reduce anxiety in women for the last 3 months pregnancy. By increasing skill of trained personnel in these areas and the improvement of facilities forsaf vaginal delivery, even pregnant had vaginal delivery after cesarean and with this work the success in reducing the rates of cesarean will increase.Conclusion: the adjusted mean showed that a relaxation and meditation technique (Spiritual therapy)

is effective in reducing anxiety of 1st pregnancy women. Symptoms of the experimental group showed a greater reduction in the posttest in compared with the control group.

ACKNOWLEDGEMENTS

The researchers are thankful from cooperation and assistance of all officials, personnel, doctors and nurses of Imam Ali Hospital, Amol, Iran and also, the 1st pregnancy mothers who were involved in this study. This research was extracted from the thesis of Fatemeh Mansour-zadeh that was presented on 2011 at Islamic Azad University of Tonekabon, Iran.

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