

The Influence of Pregnancy Plus Hypnobirthing Classes on the Level of Knowledge and Anxiety Levels of Pregnant Women

Eka Setyowati^{1,*}; Sri Rahayu²; Intan Nugraheni³

yayoek.1974@gmail.com

*eka.setyowati1985@gmail.com

Abstract: This study uses quasi-experimental with pre-post-test, non-equivalent control group design. The population of 2 groups of pregnant women in the Kedungmundu Health Center area were Sendangmulyo Class and Tandang Class with a sample of 30 people. The sampling technique used was purposive sampling and analysis of the study using univariate analysis and bivariate analysis. The results showed that the majority of knowledge levels in the pregnant plus hypnobirthing class before attending the class had a low level of knowledge (53.33%), after attending the pregnant class plus hypnobirthing had a high level of knowledge (66.67%). The level of anxiety of pregnant women before attending classes for pregnant women plus hypnobirthing was mostly mild anxiety (73.3%), while after attending classes pregnant women plus hypnobirthing became anxious (73.3%). The results of statistical tests showed that $p\text{-value} = 0.001 < 0.005$, which means that there is an influence of the class of pregnant women plus hypnobirthing on the level of knowledge and level of anxiety.

Keywords: Hypnobirthing, pregnant class, knowledge, anxiety

A. Introduction

The high maternal mortality rate (MMR) and infant mortality rate (IMR) in Indonesia have caused health development programs to prioritize improving the health status of mothers and infants. Especially for pregnant women, maternity and perinatal babies (Kemenkes RI, 2017). MMR is an indicator of the success of maternal health efforts and reflects the risks faced by mothers during pregnancy, childbirth and postpartum. Risk factors that influence include: nutritional status, economic status, maternal health conditions before pregnancy, complications during pregnancy to childbirth and postpartum, besides that it is also influenced by the facilities and infrastructure of existing health service facilities (DHO Central Java Province, 2017).

According to Aryawati (2016), the direct causes of pregnancy complications include antepartum bleeding (abortion, interrupted ectopic pregnancy, molahidatidosa, placenta previa, placental abruption, preeclampsia/eclampsia, hydramnios, and premature rupture of membranes). Indirect causes are heart disease, tuberculosis, and malaria. The high MMR indicates low socioeconomic status, health care facilities and infrastructure including ANC services and low obstetric cases (DHO Central Java Province, 2017).

MMR in Indonesia according to the Indonesian Demographic and Health Survey (SDKI), in 2007 obtained MMR data of 228 per 100,000 live births, increased in 2012 obtained MMR data of 359 per 100,000 live births (Kemenkes RI, 2014). In Central Java Province, the MMR decreased from 2016 by 109.65 / 100,000 KH while in 2017 it was 88.08 / 100,000 KH (DHO Central Java Province, 2017). Based on the puskesmas report, the MMR in Semarang City has decreased, in 2016 it was 121.5 per 100,000 live births, while in 2017 it was 88.3 per 100,000 births. Maternal deaths in Semarang City in 2017 did not occur during childbirth but during pregnancy by 30% and the postpartum period by 70%. The highest cause of maternal death was caused by other diseases at 35% including amniotic embolism, unexplained, CVA (Cerebro Vascular Accident), perforation peritonitis e.c curettage, acute fatty liver and liver disorders. Maternal deaths caused by heart disease, tuberculosis (TB), ICH (intra cerebral hemorrhage) amounted to 22%, as well as pre eclampsia / eclampsia by 22%. Hemorrhage caused 17% of maternal deaths, and the lowest cause of maternal death was sepsis at 4%. Based on data on the distribution of maternal death cases in the city of Semarang in 2017, the Kedungmundu puskesmas assisted area had 3 cases and ranked second in the city of Semarang (Semarang City Health Office, 2017).

The government's efforts to reduce MMR include creating a flagship program, namely the Childbirth Planning and Complication Management Program (P4K) and the Pregnant Women's Class Program, as an effort to improve maternal and child health services. Facilities used to support the program include the KIA book and P4K stickers. The pregnant women's class program is carried out in a face-to-face manner for pregnant women with the aim of increasing the knowledge and skills of mothers regarding pregnancy care, during the delivery process, maternal care during the postpartum period, and the care of LBW. Pregnant women are expected to have a level of knowledge to know the risks or danger signs in pregnancy, so that they immediately come to health services (Purwaningsih, 2016). Researchers conducted a preliminary study conducted on November 18, 2018 there were 12 pregnant women as respondents,

with the results there were 7 respondents who had less than average knowledge and 5 respondents had more than average knowledge. So there are 58.3% of pregnant women have a low level of knowledge. So it is necessary to increase the knowledge of pregnant women by attending pregnant women's classes.

One of the efforts to improve the knowledge of pregnant women is the holding of pregnant women's classes, which is a means to gain knowledge together about health for pregnant women, childbirth, postpartum, LBW care and family planning. Classes for pregnant women can be held in the form of groups with face-to-face communication at the health center, polindes, poskesdes, independent midwife practices, hospitals, village offices or village halls, posyandu, or at the home of one of the residents. Pregnant women's classes are conducted 4 times during pregnancy or carried out according to the agreement of the facilitator with the participants, it can also adjust the activity funds. The series of pregnant women's class activities include opening prayer, brainstorming about the meeting material (pregnancy, body changes and complaints of pregnancy care, childbirth, postpartum care, baby care, myths, infectious diseases, and birth certificates), delivery of material by facilitators or resource persons, daily evaluation to determine the increase in knowledge of pregnant women, conclusions, pregnant women's gymnastics, activities closed with prayer (Ministry of Health RI, 2017).

Another result to be achieved by holding pregnant women's classes in addition to changes in increasing the knowledge of pregnant women is the readiness of mothers in pregnancy care including psychological readiness to face pregnancy and anxiety during pregnancy. Mothers who experience anxiety during pregnancy will increase the risk of emotional imbalance after giving birth. Anxiety during pregnancy is associated with depression in the postpartum period and weak mother-infant bonding. Anxiety during pregnancy can also cause delays in fetal motor and mental development. In 2008 as many as 373,000,000 pregnant women in Indonesia, who experienced anxiety there were 107,000,000 people or about 28.7%. (Handayani, R. 2012). Based on preliminary studies conducted by researchers on November 18, 2018 there were 12 pregnant women as respondents, with assessment criteria 1 person experienced mild anxiety, 10 people experienced moderate anxiety and 1 person experienced severe anxiety. This is a problem that must be resolved considering the anxiety of pregnant women has a negative impact on the mother and fetus.

According to Aprillia Y. (2010), almost all pregnant women experience worry and anxiety. Generally, mothers are anxious if they cannot maintain their womb properly so they are worried about miscarriage, anxious if the fetus does not grow perfectly, more extreme pregnant women are afraid of complications that can cause death. So the task of midwives in reducing the anxiety felt by clients is very necessary. One technique that can be applied to pregnant women in overcoming anxiety is hypnobirthing.

Hypnobirthing is the practice of combining hypnosis on oneself with guidance from a hypnotherapist to achieve deep relaxation. Hypnobirthing can be used to face and undergo the process of pregnancy, preparation for childbirth in a normal, calm and comfortable way for the mother and fetus. In addition, hypnobirthing can also help launch breast milk after the mother gives birth, control the mother's emotions to avoid stress, have a healthy baby physically and psychologically. Hypnobirthing is based on

controlling negative thoughts into positive thoughts which will certainly have a good or positive impact (Navigasari A, Wulandari D.A. and Sawitry, 2017).

This hypnobirthing technique can be given to pregnant women in maternity classes. Mothers attend pregnant women's classes with the reason of wanting to gain additional knowledge about pregnancy, and want to follow hypnobirthing as an effort to reduce anxiety during pregnancy. The target of the class is all pregnant women in each health center area throughout Indonesia. From the data obtained from the Semarang City Health Office, there are 177 classes for pregnant women. Kedungmundu Community Health Center, which oversees 7 urban villages, conducts 7 classes for pregnant women in the Kedungmundu Community Health Center area. There are 2 classes for pregnant women that have maternal deaths in the kelurahan, namely Kelurahan Sendangmulyo and Kelurahan Tandang. Based on the background above, it shows that through pregnant women's classes, pregnant women are expected to have knowledge and can prepare pregnant women mentally in reducing anxiety. Therefore, the researcher conducted a study with the title "The Effect of Pregnant Women Plus Hypnobirthing Classes on the Level of Knowledge and Anxiety Level of Pregnant Women".

B. Materials and Methods

The research used in this research is quantitative research. This study used quasi-experimental with pre test- post test, non-equivalent control group design. The population was 2 groups of pregnant women classes in the Kedungmundu Health Center area, namely Sendangmulyo Class and Tandang Class with a total sample of 30 people. The sampling technique used was purposive sampling and the research analysis used univariate analysis and bivariate analysis. The research instruments used include knowledge questionnaire that measuring the level of knowledge of pregnant women before and after attending pregnancy classes plus hypnobirthing and pregnancy classes according to SOP. Also used anxiety questionnaire that measuring the anxiety level of pregnant women before and after attending pregnant women plus hypnobirthing classes and pregnant women classes according to SOP.

This study used descriptive and inferential statistical methods to analyse the data. Frequency distribution was used to describe the characteristics of the respondents. The paired t-test and wilcoxon test were used to test differences before and after the intervention within the same group, while the unpaired t-test and Mann-withney test were used to test differences between the experimental and control groups. The results of the analysis showed that the pregnant women plus hypnobirthing class was effective in increasing the level of knowledge and reducing the anxiety of pregnant women compared to the pregnant women class according to the SOP.

C. Result and Discussion

This section may be divided by subheadings. It should provide a concise and precise description of the experimental results, their interpretation, as well as the experimental conclusions that can be drawn. Authors should discuss the results and how they can be interpreted from the per-spective of previous studies and of the working hypotheses. The findings and their impli-cations should be discussed in the broadest context possible. Future research directions may also be highlighted. The purpose of this study is to change the level of knowledge of pregnant women is the readiness of mothers in pregnancy care

including psychological readiness to face pregnancy and anxiety during pregnancy. Mothers who experience anxiety during pregnancy will increase the risk of maternal emotional imbalance after childbirth.

This study is more about the result of the intervention because there is a special treatment (pregnant women class plus hypnobirthing) applied to one group and compared the results with the control group who only attended pregnant women class according to SOP.

D. Conclusion

1. Frequency distribution of age and gravidity of pregnant women in Pregnant Women Plus Hypnobirthing Class and Pregnant Women Class according to SOP.

Table 4.1 Frequency distribution of age and gravidity characteristics of pregnant women who attended Pregnant Women Plus Hypnobirthing Classes and Pregnant Women Classes according to SOPs

| Karakteristik Responden | Frekuensi | Presentase (%) |
|---|-----------|----------------|
| Kelas Ibu Hamil Plus Hypnobirthing | | |
| Umur | | |
| < 20 tahun | 0 | 0 |
| 20 – 35 tahun | 13 | 86,67 |
| >35 tahun | 2 | 13,33 |
| Graviditas | | |
| Primigravida | 8 | 53,33 |
| Multigravida | 7 | 46,67 |
| Kelas Ibu Hamil Sesuai SOP | | |
| Umur | | |
| < 20 tahun | 1 | 6,67 |
| 20 – 35 tahun | 13 | 86,67 |
| >35 tahun | 1 | 6,67 |
| Graviditas | | |
| Primigravida | 3 | 20 |
| Multigravida | 12 | 80 |

Table 4.1 shows that in the pregnant plus hypnobirthing class group, most of them were 20-35 years old (86.67%) and pregnant women with their first pregnancy (53.33%), while in

the class of pregnant women according to SOP, most of them were 20-35 years old (86.67%) and pregnant multigravida (80%).

2. Tabel 4.1 menunjukkan bahwa pada kelompok kelas hamil plus hypnobirthing sebagian besar berusia 20-35 tahun (86,67%) dan ibu hamil dengan kehamilan pertama (53,33%), sedangkan pada kelompok ibu hamil sesuai SOP sebagian besar berusia 20-35 tahun (86,67%) dan ibu hamil multigravida (80%).

| Tingkat Pengetahuan | <i>Pre Test</i> | | <i>Post Test</i> | |
|--|-----------------|-------|------------------|-------|
| | F | % | F | % |
| Kelas ibu hamil <i>plus hypnobirthing</i> | | | | |
| Tingkat Pengetahuan Rendah | 8 | 53,33 | 5 | 33,33 |
| Tingkat Pengetahuan Tinggi | 7 | 46,67 | 10 | 66,67 |
| Kelas bumil sesuai SOP | | | | |
| Tingkat Pengetahuan Rendah | 7 | 46,67 | 6 | 40 |
| Tingkat Pengetahuan Tinggi | 8 | 53,33 | 9 | 60 |

Table 4.2 shows that most of the knowledge levels in the pregnant plus hypnobirthing class group before attending class had a low level of knowledge (53.33%), after attending pregnant plus hypnobirthing classes had a high level of knowledge (66.67%). In the pregnant class group according to SOP before attending class most had a high level of knowledge (53.33%), while after attending class most had a high level of knowledge (60%).

3. Anxiety levels of pregnant women before and after attending pregnancy classes plus hypnobirthing and pregnancy calsses according to SOPs

| Tingkat Kecemasan | Pre Test | | Post Test | |
|--|----------|------|-----------|------|
| | F | % | F | % |
| Kelas ibu hamil <i>plus hypnobirthing</i> | | | | |
| Tidak Cemas | 0 | 0 | 11 | 73,3 |
| Cemas Ringan | 11 | 73,3 | 4 | 26,7 |
| Cemas Sedang | 4 | 26,7 | 0 | 0 |
| Cemas Berat | 0 | 0 | 0 | 0 |
| Cemas Berat Sekali | 0 | 0 | 0 | 0 |
| Kelas ibu hamil sesuai SOP | | | | |
| Tidak Cemas | 0 | 0 | 0 | 0 |
| Cemas Ringan | 12 | 80 | 12 | 80 |
| Cemas Sedang | 3 | 20 | 3 | 20 |
| Cemas Berat | 0 | 0 | 0 | 0 |
| Cemas Berat Sekali | 0 | 0 | 0 | 0 |

Table 4.3 shows that most of the anxiety levels of pregnant women before taking the class for pregnant women plus hypnobirthing were mildly anxious (73.3%), whereas after taking the class pregnant women plus hypnobirthing became less anxious (73.3%). In the pregnancy class group according to the SOP before attending the pregnancy class they experienced mild anxiety (80%), while after attending Pregnant class according to SOP still experience mild anxiety (80%).

4. Effect of Pregnancy Plus Hypnobirthing Class on Knowledge Level and Anxiety Level.
Table 4.4 Results of statistical tests to determine the effect of the Pregnancy Plus Hypnobirthing class on knowledge level

| Variabel | Eksperimen | | Kontrol | | <i>p-value</i> |
|---|------------|-------|---------|-------|-------------------|
| | Mean | SD | Mean | SD | |
| Pretest | 5,67 | 1,047 | 5,53 | 1,125 | |
| Posttest | 8,67 | 0,976 | 7,00 | 1,309 | 0,01 ² |
| <i>p-value</i> = 0,00 ¹ <i>p-value</i> = 0,00 ¹ | | | | | |

Table 4.4 shows the results of statistical tests to determine the effect of pregnancy classes for pregnant women plus hypnobirthing on the level of knowledge. In the experimental group, the average pre-test score was 5.67 and the average post-test score was 8.67, while in the group according to the SOP, the average pre-test score was 5.53 and the average post-test score was 7.00. The results of the pre-test and post-test statistical tests in the experimental group and control group showed $p\text{-value} = 0.00 < 0.005$, which means there

was an influence on increasing knowledge in the experimental group and control group. In different tests carried out on the experimental group and the control group, the results obtained were $p\text{-value} = 0.001 < 0.005$, which means that there was an influence of the class for pregnant women plus hypnobirthing on the level of knowledge.

Table 4.5 Statistical test results to determine the effect of the Pregnancy Plus Hypnobirthing class on anxiety levels

| Variabel | Eksperimen | | Kontrol | | <i>p-value</i> |
|----------|------------------------------------|-------|-----------------------------------|--------|-------------------|
| | Mean | SD | Mean | SD | |
| Pretest | 45,33 | 5,827 | 39,00 | 9,783 | |
| Posttest | 22,93 | 5,007 | 35,33 | 10,307 | 0,00 ² |
| | <i>p-value</i> = 0,00 ¹ | | <i>p-value</i> =1,00 ¹ | | |

Table 4.5 shows the results of the pre-test and post-test statistical tests in the experimental group, obtained $p\text{-value} = 0.00 < 0.005$, which means there is an influence on reducing anxiety in the experimental group, while in the control group the $p\text{-value} = 1.00 > 0.005$ is obtained, which means This means there is no effect on reducing anxiety in the control group. The results of different tests carried out on the experimental group and the control group showed a $p\text{-value} = 0.000 < 0.005$, which means that there was an influence of classes for pregnant women plus hypnobirthing on anxiety levels. In the results of the experimental group, the average pre-test score was 45.33 and the average post-test score was 22.93, while in the group according to the SOP, the average pre-test score was 39.00 and the average post-test score was 35.33.

References

- Agustiningih, Nur. 2017. Effectiveness of Pregnant Women's Class Learning Program on Nutritional Knowledge, Anemia Status, KEK, and Low Birth Weight in Grogol District, Sukoharjo Regency. Thesis. Surakarta: Surakarta University.
- Aprillia, Y. 2010. Hypnosthetry: Relaxed, Comfortable, and Safe During Pregnancy & Childbirth. Jakarta: Gagas Media.
- Ariani, Ayu Putri. (2014). Application of Research Methodology for Obstetrics and Reproductive Health. Yogyakarta: Nuha Medika.
- Arikunto, S. (2010). Research Procedures for a Practical Approach. Jakarta: Rineka Cipta.
- Aryawati, W. (2016). Development of a Planned and Anticipatory High-Risk Pregnancy and Childbirth Prevention Model (Regita) with Pregnancy and Childbirth Complications. Dissertation. Padang: Andalas University.
- Asmara, Maya Shella. 2017. The Effectiveness of Hypnotherapy and Classical Music Therapy on Anxiety of High-Risk Pregnant Women at the South Magelang Health Center. Thesis. Magelang: Muhammadiyah University of Magelang.
- Astria, Y. 2009. The Relationship between Characteristics of Pregnant Women in the Third Trimester and Anxiety in Facing Childbirth. Jakarta: State Islamic University of Jakarta.

- Clift, T.A., Morris, B., Kovacs, M., & Rottenberg, J. 2011. Emotion Modulated Startle In Anxiety Disorder Is Blunted As A Function Of Co- Morbid Depressive Episodes. Psychological medicine.
- Dahlan. 2010. Sample Size and Sampling Method. Jakarta: Salemba Medika.
- Dewi, Amelia Elftani Setya. 2016. The Effect of Pregnant Women's Classes on the Level of Anxiety and Knowledge of Pregnant Women About Childbirth Preparation at the Ngaliyan Health Center. Thesis. Semarang: Poltekkes Kemenkes Semarang.
- Salatiga City Health Office. 2017. Maternal and Child Health KIA Book.
- Salatiga: Salatiga City Health Office.
- Semarang City Health Office. 2017. Health Profile 2017. Semarang: Semarang City Health Office.
- Erdian. 2009. Behavioral Science, First Edition. Jakarta: CV Sagung Seto.
- Fauzia, Amalianti Fitri. 2015. The Influence of Age, Income, Perception of Benefits, Lifestyle and Sales Promotion on Public Interest in Using Debit Cards for Non-Cash Transactions. Thesis. Surakarta: Surakarta State Islamic Institute.
- Firmansyah, I. 2014. The Relationship Between Knowledge and Preparedness Behavior in Facing Floods and Landslides in Adolescents Aged 15-18 Years at Al-Hasan Kemiri High School, Panti District, Jember Regency. Jember: University of Jember.
- Hakim, Andri. 2010. Hypnosis In Teaching "A Great Way to Teach and Educate". Jakarta; Transmedia Pustaka.
- Handayani, R. 2012. Factors Related to Anxiety Levels in Primigravida Mothers in the Third Trimester in the Working Area of the Lubuk Buaya Padang Health Center. Padang: Ners Nursing Journal, vol.11, no 1.
- Hawari, Dadang. 2011. Anxiety and Depression Stress Management. Jakarta: FKUI. Ministry of Health of the Republic of Indonesia. Directorate General of Public Health. 2017.
- Guidelines for Implementing Pregnant Women's Classes. Jakarta: Ministry of Health of the Republic of Indonesia.
- Ministry of Health of the Republic of Indonesia. Data and Information Center. 2014. Infodatin: Mother's Day. Jakarta: Ministry of Health of the Republic of Indonesia.
- Isdiaty, Fandiar Nur and Titin Ungsianik. 2013. Knowledge of Pregnancy Danger Signs and Pregnancy Care Behavior in Pregnant Women in the Third Trimester. Indonesian Nursing Journal. Jakarta: University of Indonesia.
- Central Java, Provincial Health Office. 2017. Health Profile of Central Java Province in 2017. Semarang: Central Java Provincial Health Office.
- Kristiyani, Etik. 2015. The Relationship of Parity Status with the Level of Anxiety of Pre-Caesarean Section Mothers at PKU Muhammadiyah Hospital, Sukoharjo. Thesis. Surakarta: STIKES Kusuma Husada.
- Kuswandi, L. 2014. Hypnobirthing A Gentle Way To Give Birth. Jakarta: Pustaka Bunda.
- Kuswanti, I. 2014. Pregnancy Care. Yogyakarta: PUSTAKA BARU PRESS. Lucia, Sorongan, Atik Purwandari, Ellen Pesak. 2013. The Effect of Implementation of Pregnant Women's Classes on Knowledge of Childbirth Preparation. Scientific Journal of Midwives. Manado: Poltekkes Kemenkes Manado.
- Mandriawati, G. A. 2015. Antenatal Midwifery Care. Jakarta: EGC.
- Marliana. 2016. The Effect of Hypnobirthing on Reducing Anxiety Levels, Blood Pressure, and Heart Rate in Primigravida Pregnant Women in the Third Trimester. Semarang.
- Martono, Nanang. 2011. Quantitative Research Methods of Content Analysis and Secondary Data Analysis. Jakarta: PT. Raja Grafindo.

- Mikrajab, Muhammad Agus and Sahriyanti. 2013. Utilization of Pregnant Women's Health Services Through Integration of Childbirth Planning and Complication Prevention Programs and Antenatal Care at the Integrated Health Post in Mojokerto City, East Java Province. Health System Research Bulletin. Surabaya: Health and Research Agency, Ministry of Health of the Republic of Indonesia.
- Mochtar, R. 2015. Obstetric Synopsis. Jakarta: EGC.
- Navigasari A, Wulandari D. A. and Sawitry. 2017. The Effect of Hypnobirthing on Reducing Blood Pressure in Pregnant Women at PMB Eka Setyowati Klipang Sambiroto, Semarang City. Semarang: Karya Husada Health College, Semarang.
- Notoadmodjo. (2010). Health Research Methodology. Jakarta: Rineka Cipta.
- Notoadmodjo. (2012). Health Promotion and Health Behavior. Jakarta: Rineka Cipta. Nursalam.
- Notoadmodjo. (2014). Health Behavior Science. Jakarta: PT. Pangesti, A. 2012. Overview of Knowledge Level and Application of Disaster Preparedness in Students of the Faculty of Nursing, University of Indonesia in 2012. Jakarta: University of Indonesia.
- Pieter, H. Z. & Lubis, N. L. 2010. Introduction to Psychology in Nursing. Jakarta: Kencana.
- Prawiroharjo, S. 2010. Midwifery. Jakarta: PT Bina Pustaka.
- Purwaningsih, Eny. 2016. Effectiveness of Pregnancy Class on Knowledge and Attitude in Detecting High-Risk Pregnancy in Pregnant Women. Thesis. Semarang: Poltekkes Kemenkes Semarang.
- Rahima, Astrid N.Y. 2018. The Effect of Brain Gymnastics on Reducing Anxiety in Pregnant Women in the Third Trimester. Thesis. Semarang: Poltekkes Kemenkes Semarang.
- Saminem. 2009. Normal Pregnancy. Jakarta: EGC.
- Setiawan. 2009. Hypnosis and Hypnotherapy. Yogyakarta: Garasi. Sugiyono. 2015. Educational Research Methods. Bandung: ALFABETA.
- Sulistiyowati, A. 2009. Care During Pregnancy. Jakarta: Salemba Medika.
- Setyaningsih. 2012. The Effect of Providing High-Risk Pregnant Women's Class Packages on Mothers' Anxiety Facing Childbirth in Malang City. Thesis.
- Swarjana, I Ketut. 2015. Health Research Methodology. Yogyakarta: ANDI. Wawan, A and Dewi M. 2011. Theory and Measurement of Human Knowledge, Attitudes, and Behavior. Yogyakarta: Nuha Medika.
- Yustisia, N. 2012. Hypno Teaching The Art of Exploring Students' Brains. Yogyakarta: Ar-ruzz Media