



A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING HYPNOBIRTHING AMONG NURSING STUDENTS AT AKAL COLLEGE OF NURSING, BARU SAHIB, DISTT-SIRMAUR.

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ABSTRACT

Hypnobirthing is a non-pharmacological childbirth approach that combines relaxation, breathing techniques, and visualization to reduce fear, anxiety, and perceived pain during labor. This study aimed to assess knowledge of hypnobirthing among 87 nursing students at Akal College of Nursing, Baru Sahib, District Sirmaur. Using a semi-structured questionnaire and convenience sampling, data were analysed through descriptive and inferential statistics. Results showed that 48.3% of students had adequate knowledge, 32.2% had moderately adequate knowledge, and 19.5% had inadequate knowledge. The mean knowledge score was 13.32 with SD of 3.610. A significant association was found between knowledge levels and both the year of graduation ($p = 0.055$) and prior awareness of hypnobirthing ($p = 0.000$), while other socio-demographic variables showed no significant correlation. The findings suggest a generally adequate level of awareness among students, emphasizing the need for curriculum integration and targeted educational strategies to enhance knowledge and support evidence-based, holistic maternity care.

INTRODUCTION

Hypnobirthing is a method of pain management that can be used during labor and birth. It is a mixture of visualization, relaxation and breathing techniques. The aim is to help the mother feel calmer, more in control and better able to cope with labor pain.(1)

Childbirth is a natural process experienced by a woman and being unprepared will make woman feel more anxious. Hypnobirthing is a method of preparing for birth by altering the image of labor from a stressful and painful experience to a positive one. Hypnobirthing techniques, such as relaxation exercises and mind control, help women manage pain and anxiety, enabling a more natural and less painful delivery experience. Hypnobirthing results in healthy babies and helps new mothers to control their anxiety and depression, promoting

smoother transition to their parenting. Hypnobirthing amplifies the women's readiness for childbirth by altering their perception of labor from painful and dreadful experience to one that is natural and free of pain. Hypnobirthing, in addition to building confidence in the birthing process, may offer a range of benefits for expecting mothers. It has been shown to potentially shorten the first stage of labor—which includes both early and active phases—by helping the cervix dilate more efficiently as contractions become stronger, longer, and closer together. (2)

Hypnobirthing is also referred to as the Mongan Method. It's considered the "original" method and involves five classes that are 2 1/2 hours long, totalling 12 hours of instruction. There are many certified Hypnobirthing instructors around the world. Hypnobabies is another method of using hypnosis during the birth process. It's based on the Painless Childbirth Program, which was developed by master hypnotherapist Gerald Kein.(3)

Hypnobirthing can be used in any location, including at home or while out and about. It can be helpful while waiting for an antenatal appointment or a caesarean birth. It can also be used alongside any pharmacological pain relief methods. Self-hypnosis remains a useful tool after the birth, while recovering and coping with the early days of parenting. There are no side effects of hypnobirthing.(4)

One technique for managing discomfort during labor and delivery is hypnobirthing. It combines deep breathing, relaxation, and visualization techniques. The end goal is to help the mother feel calmer, more in control, and better able to cope with labor pain. Breathing exercises have long been part of antenatal classes. These are combined with mindfulness, visualization, and relaxation techniques in hypnobirthing to induce a profound level of calm and awareness. This helps you feel better about labor and delivery by removing distractions and allowing you to concentrate just on your body and your unborn child. Using hypnosis to help regulate breathing and naturally manage pain during labor and delivery is known as hypnobirthing.(5)

It's ideal to start hypnobirthing classes in the second trimester of pregnancy. Self-hypnosis techniques play a crucial role in preparing for childbirth by helping expectant parents with pain management and reduce fear during labor. This timing allows you to practice the techniques thoroughly before the birth.(6)

AIM OF THE STUDY

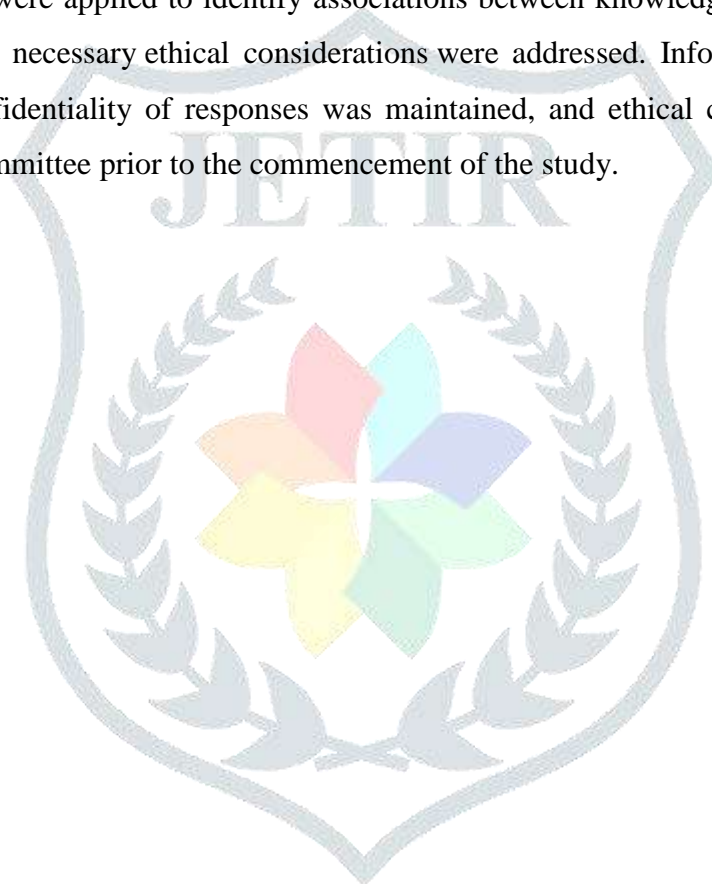
To assess the knowledge regarding hypnobirthing among nursing students at Akal College of Nursing, Baru Sahib, Distt- Sirmaur.

OBJECTIVES

1. To assess the Knowledge regarding Hypnobirthing among Nursing Students.
2. To find out the association of Knowledge regarding Hypnobirthing with their selected Sociodemographic Variable of Nursing Students
3. To develop information pamphlets regarding hypnobirthing.

METHODOLOGY

This study employed a quantitative research approach with a descriptive cross-sectional design to assess the knowledge regarding hypnobirthing among nursing students. The research was conducted at Akal College of Nursing, Baru Sahib, District Sirmaur, Himachal Pradesh. The target population consisted of nursing students currently enrolled in the institution. A total of 87 students participated in the study. The sampling technique used was convenience sampling, allowing the selection of readily available participants who met the inclusion criteria. Data were collected using a semi-structured questionnaire, which was self-administered by the participants. The tool was designed to assess their knowledge of hypnobirthing and included both closed and semi-open-ended questions. For data analysis, descriptive statistics such as frequency, percentage, mean, and standard deviation were used to summarize the data. Additionally, inferential statistics including the Chi-square test and Fisher's exact test were applied to identify associations between knowledge levels and selected socio-demographic variables. All necessary ethical considerations were addressed. Informed consent was obtained from each participant, confidentiality of responses was maintained, and ethical clearance was secured from the Institutional Ethical Committee prior to the commencement of the study.



RESULTS**Table 1-** Frequency and Percentage distribution of Socio-demographic variables.**(n=87)**

S.no.	Socio demographic data	(f)	(%)
1.	Age (in years)		
	19-21	63	72.4
	22-24	24	27.6
	>24	0	0
2.	Area of residence		
	Rural	48	55.2
	Urban	19	21.8
	Semi-urban	20	23.0
3.	Year of graduation		
	B.Sc.(N) 3 rd year	42	48.3
	B.Sc.(N) 4 th year	45	51.7
4.	Religion		
	Hinduism	75	86.2
	Sikhism	8	9.3
	Islam	3	3.4
	Christianity	1	1.1
	Others	0	0
5.	Family income		
	<30,000	19	21.8
	30,001-40,000	24	27.6
	40,001-50,000	15	17.2
	>50,001	29	33.4
6.	Type of family		
	Nuclear	51	58.6
	Joint	36	41.4
	Extended	0	0
	Others	0	0
7.	Any previous knowledge regarding Hypnobirthing		
	Yes	67	77.0
	No	20	23.0
8.	Source of information		
	Mass media	46	52.9
	Printed media	3	3.4
	Health personnels, family, friends.	38	43.7

Table 2- Frequency and Percentage distribution of perception of Level of knowledge regarding Hypnobirthing among nursing students.

(n=87)

LEVEL OF KNOWLEDGE	(f)	(%)
Adequate	42	48.3
Moderately adequate	28	32.2
Inadequate	17	19.5

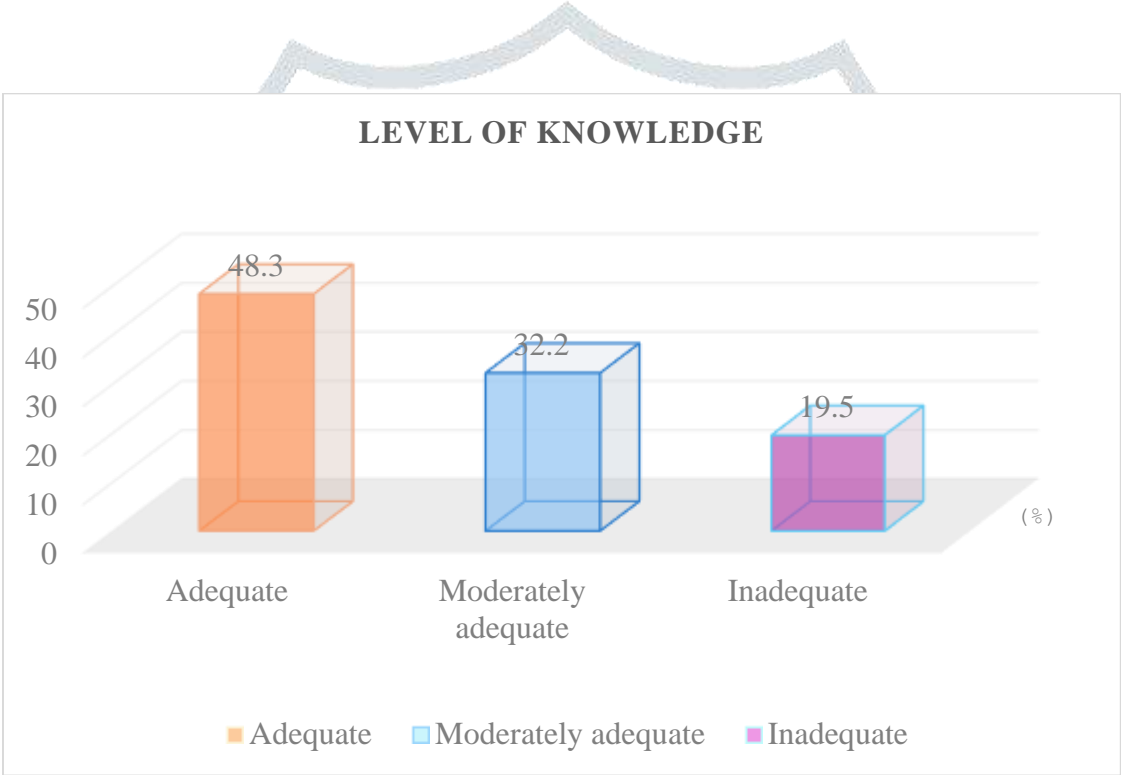


Fig 1.1: Distribution of UG students based on Level of Knowledge

The analysis revealed significant associations for two variables. The year of graduation was marginally significant ($p = 0.055$), indicating that students’ academic level may affect their knowledge or attitudes regarding hypnobirthing. Prior knowledge showed a highly significant association ($p = 0.000$), highlighting that previous exposure strongly influences the outcomes. Conversely, no significant associations were found with age ($p = 0.185$), area of residence ($p = 0.495$), religion ($p = 0.562$), family income ($p = 0.846$), type of family ($p = 0.552$), or source of information ($p = 0.214$). These findings suggest that while demographic characteristics had little impact, educational advancement and prior familiarity played a more crucial role in determining the students’ knowledge levels.

CONCLUSION

The findings indicate that most nursing students demonstrated adequate to moderately adequate knowledge of hypnobirthing, with prior exposure and year of study identified as the primary factors influencing knowledge levels. Minimal impact was observed from other socio-demographic variables. These results highlight the need for focused educational strategies, including curriculum integration and simulation-based training, to further strengthen awareness and support evidence-based birthing practices among nursing students.

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