Music Therapy and Labour Pain among Primigravida Women

Bella P. Magnaye[1*], Nikko Ryan C'zare A. Abalos[1], Kurt Patrick D. Driz[1], Marie Kathrina Concepcion P. Limbo[1], and Myra N. Tabuga[1]

[1]Lyceum of the Philippines (LPU), Batangas Campus,
P. Herera street corner Dona Aurelia street, KumintangIbaba, Batangas, 4200 Batangas, Philippines.
*Corresponding author: bellamagnaye@yahoo.com

ABSTRACT

This study aims to determine the effects of music therapy on primigravida women while having labour. This study used the experimental design in conducting the study. Results showed that Music therapy is a highly effective means of relieving pain since the vital signs of the respondents decreased but stayed within the normal values after the music therapy. They also stated their relief from the pain after listening to the music. Music therapy is a perfect way in improving the emotional state for the respondents showed a positive behaviour, they exhibited more confidence concerning their labour and delivery process, and also stated their contentment about their current status. Music therapy strengthens the respondents spiritually because they shared their experience with the Lord during their music therapy. They also showed their faith and trust in the Lord to never leave them during the entire process of giving birth. They feel blessed and believed that giving birth is a gift from God.

Keywords

Music Therapy; Labour Pain; Primigravida Women

1. INTRODUCTION

Music has been around since the time of our forefathers, it is an artistic expression of emotions, wisdom and beauty [1]. People used music in various instances, such as preserving tradition or for entertainment in our modern world. It is an inexpensive, flexible and abundant element in the world today. Music is something that anyone can understand and appreciate as a means of communication and a primary choice for relaxation. Music has been shown to affect portions of the brain and it is also known to have a significant effect on social interaction as well as behavioural outcomes during pregnancy [2].

Geller [3] stated that pregnancy is a normal life event that necessitates adjustments for the expectant mother as well as her partner and other family members. Expectant women experience physical and psychological adjustments that are usually associated with positive emotions.Moreover, pregnancy is the transition of a lady to a mother and of a couple to a family. Pregnant mothers undergo various changes and different experiences. One of which is labour pain. Labour pain is the pain experienced by pregnant mothers during the time of their pregnancy. It is different from every woman, with pain ranging from mild to extreme. This pain manifests itself as cramping in the abdomen, groin, and back, as well as a tired, achy feeling all over the body. Some women experience pain in their sides or thighs as well. Labour is both a physical process and an emotional passage for the mother which is said to be relieved through various methods including music therapy.

Music therapy is a systematic process where the therapist helps the client to promote healing using music experiences and the relationships that develop through them [4]. established as a profession after World War II, music therapy is now available in a variety of healthcare settings and medical departments internationally [5, 6]. Music therapy is widely used in China especially in maternity nursing. Nursing research is shown that music therapy improves postpartum depression [7]; alleviates pain for primiparas, shortens the time of labour and promotes post-delivery recovery [8]. It also reduces anxiety and depression for patients undergoing induced abortion [9]. In the Western world, music therapy has been shown to relieve pain and anxiety for women in labour [10, 11].According to Sooper [12], music can also be a great motivator especially for people with physical disabilities. Making music can help with physical awareness and help to motivate people to move to create sounds. Music therapy can also motivate people to use their voices at a preverbal level.

The focus of this study is to know the spiritual, emotional and physical effects of music therapy on primigravida women while they are having labour pain. Music lives all around us, it is inexpensive, easy to find and easy to use. But most of all, it can be understood and appreciated by everyone on a level that promotes not only sensual but also emotional stimulation. This is the reason led to this experimental study, to make use of a very abundant resource in a way that will help primigravida women during their labour. This study aims to determine the effects of music therapy on primigravida women while having labour. The studyalso expands and explores the medical treatment to new heights, believing that music may be one of the missing keys modern day healthcare is experiencing.

2. METHODOLOGY

This study used the experimental design in conducting the study. The experimental method provides the understanding of the effects of music therapy on primigravida women experiencing labour pain.

Furthermore, the triangulation design was also used in order to obtain different, but complementary data about the central phenomenon under the study. In this design, qualitative and quantitative data are collected simultaneously and with equal priority. The goal of a triangulation design is to converge on "the truth" about a problem or phenomenon by allowing the weaknesses of one approach be offset by the strengths of the other[13].

2.1 Research Participants

A purposive sample of twenty (20) primigravida women was the total population of the study that are from the labour and delivery rooms of Batangas Medical Center located at KumintangIbaba, Batangas City. The selected lying-in clinic was Our Lady of Beautiful Love Lying-in Clinic located at Brgy. Calicanto, Batangas City. The response rate was 100%. No attempts to select randomly were made by the surveyor; however inclusion criteria were set for the purpose of delimitation. Inclusion criteria were as follows; (a) first time mothers, (b) in the latent phase of labour and (c) with no complications of pregnancy.

2.1.1 Informants of the Study

This study had ten (10) informants derived from the twenty (20) respondents selected to participate in the said study.

2.2 Research Procedure

A letter of request was prepared and addressed to the dean of the College of Nursing to secure permission in conducting the said study. This study only used a single group. The intervention took place in the labour and delivery rooms of the selected hospital and lying-in clinic. Confidentiality and anonymity of the respondents were maintained all throughout the investigation. Vital signs of the respondents including the fetal heart rate and the pregnancy

and duration of each contraction were taken before and after thirty (30) minutes of music therapy. The surveyor measured their pain through Wong Baker Face Scale (WBFS) and Behavioural Rating Scale (BRS) before and after thirty (30) minutes of exposure to music therapy. The music treatment was delivered via headphones to block environment sounds that may heighten anxiety or distract participants. Participants controlled the volume of the music during the entire listening experience. The respondents were also asked to answer a self-made questionnaire after the music therapy. Moreover, ten (10) informants derived from the total population were then interviewed purposively after their delivery process.

2.3 Instrument

The main research instruments used in this study are the self-made questionnaire and the interview guide developed to gather the necessary information. The music used in this study was Mozart's Symphony No. 40 in G minor, K. 550. The said music was selected because according to Angel [14] classical music has been shown to lower stress, make people smarter and provide a homeopathic sleep aid. Moreover, Wong Baker Face Scale and Behavioural Rating Scale were used to measure the pain of the primigravida women having labour.

2.3.1 Wong Baker Face Scale

The Wong-Baker Faces Pain Rating Scale is a pain scale that was developed by Donna Wong and Connie Baker. The scale shows a series of faces ranging from a happy face at 0, "No hurt" to a crying face at 10 "Hurts worst". The patient must choose the face that best describes how they are feeling.

2.3.2 Behavioural Rating Scale

To measure objective manifestations of pain, the nurse-rated behavioural rating scale was used. The Behavioural Rating Scale is used to record and observe verbal and nonverbal cues of the labouring woman who were in their latent phase of labour. It is a five-category scale used to assess present behavioural manifestations of pain: face, restlessness, muscle tone, vocalization, and consolability. Each category is scored on the 0–2 scale, which results in a total score of 0–10. In interpreting then scores, the following scaling was used; 0 as relaxed and comfortable, 1–3 for mild discomfort, 4–6 for moderate pain, and 7-10 for severe discomfort or pain or both. The checklist will be marked by the investigators according to observed reactions made by the patients before and after the application of soothing music.

2.4 Data Analysis

The data were analysed through quantitative and qualitative analysis. During quantitative analysis, the weighted mean and the frequency of the items were obtained and was then analysed through certain perspective and was affirmed by other significant and related studies. Moreover, the following steps are used to analyse the qualitative results.

2.4.1 Transcribing of informants' recorded interviews

Experienced transcribes were not hired for the transcription of the interviews, instead the surveyors were the very people who transcribed all data and then compiled it for brainstorming.

2.4.2 Rechecking transcribed data

Once gathered, transcribed data was read and rechecked by the surveyor for completeness and correctness of information. After then, it was all set for analysis.

2.4.3 Reading and analysing data gathered

Transcribed data were reread and then significant answers were highlighted and analysed.

2.4.4 Extracting significant statements from transcribed data

In preparation for data analysis, significant statements were extracted from the transcribed interview, compiled and were utilized to formulate categories based on the significance of the informants' statements.

3. RESULT AND DISCUSSION

Table 1.1 presents the respondents' vital signs before and after thirty (30) minutes of music therapy. Before music therapy, the respondents' temperature has an average mean of 37.60 and after music therapy, it decreased to 36.90. According to James, Spencer &Stepsis[15], the healthy person body temperature is regulated closely around 98.6 degrees Fahrenheit in all environmental factors. This is accomplished through the body's ability to regulate heat production and absorption in addition to heat losses via conduction, convection and radiation. Interruptions in any of these mechanisms can result in temperature fluctuation. The body's ability to regulate its temperature is compromised by extreme environmental conditions. For example, in hot, humid conditions, it is difficult to dissipate heat away from itself via heat exchange because of moisture in the air and small temperature gradient between skin and ambient air, resulting in elevated temperature. In frigid climates, a great deal of body through the blood flow to the body surface resulting in slight drop in body temperature. The normal body temperature is 36 degrees Celsius to 37.5 degree Celsius [16]. It is also stated that the factors affecting body temperature are age, diurnal variations, exercise, hormones, stress and environment.

The respiratory rate also decreases after music therapy with an average mean of 17.40 breaths per minute from 20.35 breaths per minute. This was due to the fact that as the labour progresses, the pregnant mothers' discomfort decreases but the said respiratory rate is still within normal range. According Scott [17], with alterations in brainwaves becomes changes in other bodily functions. Those governed by the autonomic nervous system, such as breathing and heart rate can also be altered by the changes music can bring. This can mean slower breathing, slower heart rate, and an activation of the relaxation response, among other things. This is why music and music therapy can help counteract or prevent the damaging effects of chronic stress, greatly promoting not only relaxation, but health. The average respiration is 16 breaths per minute with the range of 12-30 breaths per minute [16].

In terms of pulse rate, even if it is in normal range, it decreased after the music therapy from the mean of 88.05 to 83.50. According to Browning [18], music therapy is used as complementary medicine for people who have physical, emotional, social or cognitive deficits. There are no potentially harmful or toxic effects. Music therapy helps the patients to achieve a number of goals such as reduces stress, providing an overall sense of well-being and divert the woman's attention from pain during labour. Some studies have found that music therapy can lower the heart rate, blood pressure, breathing rate, insomnia, depression and anxiety. Music also causes the body to release endorphins to counteract pain.

Before music therapy, the blood pressure has an average mean of 124.00 over 87.00 and after music therapy the blood pressure decreases to an average mean of 110.00 over 75.00. The result showed a decrease in diastolic and systolic pressure due to the fact that music therapy stimulates parasympathetic nervous system. By playing recordings of relaxing music every morning and evening, people with high blood pressure can train themselves to lower their blood pressure - and keep it low. Yang& Kim [19] found that patients with anxiety, pain, stress, depressive syndromes, and sleeplessness will benefit the most from listening to classical music as it caused both heart rate and blood pressure to decrease.

The fetal rate shows a decreased after music therapy with an average mean of 128.70 to 133.15. This is due to the fact that the reaction of the baby to the music results to decelerated heartbeats. According to Belluck [20] concluded that live music, played or sung, helped to slow infants' heartbeats, calm their breathing, improve sucking behaviours important for feeding, aid sleep and promote states of quiet alertness. Doctors and researchers say that by reducing stress and stabilizing vital signs, music can allow infants to devote more energy to normal development.

Table 1 also shows the duration of each contraction. It revealed a decrease after the music therapy from an average mean of 12.90 to 9.65. This result may due to distraction from intense pain. According to Moreno [21] Soft music decreased both sensation and distress of active labour pain in the first 3 hours it also delayed increases in distress of pain for an hour and for some relief was fairly substantial. Women listened to music for mean of nearly 3 hours and found it helpful for pain with two thirds reporting it helped moderately to a lot. The sedative quality of the music helped woman to relaxed and distract them from increasingly severe pain. Lastly, the frequency of each contraction also showed a significant decrease with an average mean of 5.50 to 3.70. It is due to the fact that the music therapy aids in relaxation even during the labour process. Phumdoung and Good [11] agreed since they found that music can delay the increase of affective pain for up to an hour during the active phase of labour.

The aforementioned findings were proved during the interview which revealed that the music therapy can alleviate the labour pain they experienced. Music therapy provided some relief from pain and promoted relaxation. It is also similar to the studies of Liu et al. [22], Yang et al. [19], Chang et al. [23], and Kwak [24]. Liu et al. [22] revealed that, as compared with the control group, pregnant women who listened to music for 30 minutes each during the latent and active periods of labour reported significantly lesser pain, and anxiety and higher finger temperature during the latent phase of labour. In Yang et al. [19], women in the experiment group received music therapy for 30 minutes on 3 consecutive days; it was found that their anxiety levels decreased and physiologic responses improved significantly. Further, Chang et al. [23] reported that daily sessions of 30-minute music therapy for 2 weeks significantly reduced anxiety, stress, and depression in pregnant women; they concluded that listening to music may be good for health during pregnancy. Kwak [24] reported that primigravida who received antenatal music therapy for 40 minutes revealed decreased anxiety and stress levels.

Table 1. Descriptive Statistics on the Respondents' Vital Signs

Vital Signs	t-value	p-value	Interpretation
Temperature	5.96	0.000	HS
Respiratory Rate	6.03	0.000	HS
Pulse Rate	7.08	0.000	HS
Diastolic Blood Pressure	7.63	0.000	HS
Systolic Blood Pressure	6.44	0.000	HS
Fetal Heart Tone	6.09	0.000	HS
Duration of Each Contractions	8.34	0.000	HS
Frequency of Each Contractions	5.34	0.000	HS

Legend: Significant at p-value < 0.05

Table 2 presents the descriptive statistics of the primigravida mothers' Wong Baker's Face Scale result before and after thirty (30) minutes of music therapy. This visual pain scale helps the patients indicate the degree of pain they are experiencing by pointing it or by putting a mark on the face which makes it useful for the said patients who are in intense pain since it will require them less effort. The result showed that before the music therapy, the facial pain scale of the respondents has a mean of 8.90 which is interpreted as in intense pain. After the music therapy, the said mean decreased to 4.00. This only shows that through music therapy, their pain was relieved due to its relaxing effect, calming influence and distracting ability.

This was proved by Browning [18] who stated that using music during childbirth shows that the use of music by mothers during labour has a significant effect on their perception of pain. The review by Cepeda et al. [25] supports the finding that music reduces the perception of pain, and subsequently, found that patients who used music needed less morphine-like analgesia. There are few studies specific to the use of music during labour and birth, however common findings from Liu et al [22] and Phumdoung & Good [11] demonstrate that music is a useful non-pharmaceutical aid to reduce pain and anxiety in labour, The studies both found benefit within the latent [22] and first stages of labour [11].

Table 2. Descriptive Statistics on the Respondents' Wong Baker Face Scale

	t-value	p-value	Interpretation
Face Scale	13.535	0.000	HS

Legend: Significant at p-value < 0.05

Table 3 presents the Descriptive Statistics of Face Scale and Behavioral Rating Scale of primigravida women before and after the music therapy. The face of the respondents before the music therapy has a mean of 1.75 and decreases to 0.90 after the therapy with an interpretation of highly significant. It shows significance that music produced a calming influence that results to gloomy face of the said respondents. Music may make you feel different, but as little as 15 seconds of music can change the way you judge the emotions on other people's faces as well. Edward [26] found out that music therapy invites and encourages participation from people of lower functioning levels and employs a non-verbal medium with which people have prior positive associations.

The restlessness that the respondents experienced reduces from a mean of 1.80 to 0.75 with an interpretation of highly significant. This was due to the fact that music improves the relaxation and relieves the stress. Moreover, music therapy can reduce psychological stress among pregnant women. Parent [27] stated that music has been known to have major effects on body and psyche. Music therapy can be used to help heal a patient both physically and emotionally. The music therapist will design music sessions based on the patient's needs or taste.

The effects of music therapy to the muscle tone of the respondents that it decreases from the mean of the 1.35 to 0.55. It is due to that the music has a relaxation effects that also affect the muscle of the person. In addition, according to Scott [17], music therapy helps in pain management, to help ward off depression, to promote movement, to calm patients, to ease muscle tension and for many other benefits that music and music therapy can bring.

The vocalisation of the subjects also decreases from the mean of 1.30 to 0.55 with a verbal interpretation of highly significant. Music has ability to calm and can decrease the anxiety of the subjects that results to less shouting, murmuring and groaning. Moreover, studies found

that music therapy is effective at promoting relaxation, relieving anxiety, stress, and treating depression. Music therapy allows people with emotional problems to explore feelings, make positive changes in mood, and practice problem solving and resolve conflicts. It can strengthen communication and physical coordination skills. And improve the physical and mental functioning [28].

The consolability of the respondents before the therapy is 1.55 and it lowered to 0.85 after the therapy. It shows that the respondents have no need to console due to the fact that they are calmed and relaxed, which are the two therapeutic effects of music therapy. It has also been noted that music can evoke emotions. Scott [17] who said that music can affect the body in many health promotion ways, which is the basic for a growing field known as music therapy. Thus, a person can use music in their daily lives and achieve many stress relief benefits on its own.

Table 3. Descriptive Statistics of Behavioral Rating Scale

Behavioral Rating Scale Category	t-value	p-value	Interpretation
Face	7.768	0.000	HS
Restlessness	11.917	0.000	HS
Muscle Tone	5.141	0.000	HS
Vocalisation	5.252	0.000	HS
Consolability	5.48	0.000	HS
Total	10.572	0.000	HS

Legend: Significant at p-value < 0.05

Table 4 shows the therapeutic effects of music therapy in terms of emotional state of primigravida women during labour. Among the emotional effects, the primigravida women after music therapy felt happy and contented and confident that their delivery process will have a positive result was experienced every time, where the two items also topped on the rank with a weighted mean score of 3.65. This is due to the fact that music therapy made them realize that since it is their first time to have a baby, they feel blessed and contented in life. Another is that they are confident to deliver with a positive result since nobody will wish something bad to happen during their delivery process, especially if it is their first time to get pregnant.Music therapy provides spoken words in addition to the harmony in an effort to provide inspiration and promote wellness [29]. It is through the therapy that patients feel more adept to expressing emotion and feel a motivation to fight against a disease.

After the music therapy, the realization that they can express their feelings fully and they can do their labour process as long as their family is with them was experienced sometimes. Both ranked second to the highest with a weighted mean score of 3.25. This is due to the fact that music therapy affects the moods and emotions of the respondents, it helps them express their feelings fully.According to Parent [27], music can help you connect to feelings express your thoughts, or overcome isolation. It can relieve stress and provide an over-all sense of well-being.Music therapy can help clients identify the emotions that underlie anger and increase the clients' awareness of these feelings and situations that can trigger them. If a situation or emotion is presented in a song the healthy options for expressing that feeling can be discussed and conflict resolution and problem solving can be practiced in a positive manner [30].

They want their husband by their side was experienced sometimes after the music therapy, it ranked third to the highest with a weighted mean score of 3.10. Primigravida women's

emotional state is sometimes altered especially if they are having labour. They are nervous at times and in various instances there are mood swings which can affect intimate partnerships including decreased communication and marital conflict. Therefore, music therapy enhanced the primigravida women's desire for their husband to be at their side. According to Hinman [31], music therapy sessions can proffer positive interactions promoting the intimacy and emotional openness that can be diminished through the stress brought about by their illness.

Primigravida mothers can concentrate while they are having their labour process after the music therapy was experienced sometimes. It ranked fourth to the highest with a weighted mean score of 2.95. This was due to the fact that music therapy is said to enhance a person's concentration and intellectual functioning. That is why the primigravida mothers can concentrate even while they are having their labour pain. Scott [17] stated that music can stimulate brainwaves to resonate in sync with the beat, bringing sharper concentration and more alert thinking. Also, study has found that change in the brainwave activity levels that music can bring can also enable the brain to shift speeds more easily on its own as needed, which means that music can bring lasting benefits to their state of mind, even after they have stopped listening.

Being afraid of what might happen to them during labour was experienced sometimes; it ranked fourth to the lowest with a weighted mean score of 2.80. This was partly because since it was their first time to get pregnant, they fear the unknown, which in turn causes them to seek information of what they don't know and what they needed to know on their pregnancy. Music therapy enhanced their concentration which pushed them to be aware of what they needed to do while having labour pain.

Ranked second to the lowest was that they are afraid to do their labour process alone; it was experienced sometimes with a weighted mean score of 2.70. This was partly due to the fact that since it is their first time to get pregnant, they are preparing themselves of what might or might not happen. Music therapy brought a more positive state of mind to the primigravida women which helped them keep their fear of doing the labour process alone at bay. Pellitteri[32] stated that music is intimately linked to emotions and both have served adaptive functions throughout human evolution. Music therapy is an ideal clinical modality due to its inherent power to activate and transform a client's emotional state within the context of the therapeutic encounter.

They want to shout out their feelings ranked the lowest; it was experienced sometimes with a weighted mean score of 2.50. This was due to the fact that music therapy contributed to the feeling of calmness by the primigravida women. It caused them to relax and to be placed in a better mood. Similar to the study of Pawlik-Kienlen[33], music directly affects health and helps cope with grief, illness, depression, and the stress of everyday life. Music therapy isn't just about jiving to favourite tunes- though that is great for the brain and the mood.

Table 4. Therapeutic Effects of Music therapy in terms of Emotional State of Primigravida Women During Labour

After the Music Therapy I realized that:	Weighted Mean	Verbal Interpretation	Rank
I can concentrate while I'm having my labour process.	2.95	Experienced Sometimes	6
I can express my	3.25	Experien	3.5

feelings fully.		ced Sometimes	
I want to shout out my feelings.	2.50	Experienced Sometimes	10
I don't know what to do while I'm having labour pain.	2.80	Experienced Sometimes	8
I'm afraid to do this labour process alone.	2.70	Experienced Sometimes	9
I can do this labour process as long as my family is with me.	3.25	Experienced Sometimes	3.5
I am afraid of what might happen to me during labour.	2.85	Experienced Sometimes	7
I want my husband by my side.	3.10	Experienced Sometimes	5
I feel happy and contented in life.	3.65	Experienced Always	1.5
I am confident that my delivery process will have a positive result.	3.65	Experienced Always	1.5
Composite Mean	**3.07**	**Experienced Sometimes**	

Legend: 3.50 – 4.00 = Experienced Everytime; 2.50 – 3.49 = Experienced Sometimes; 1.50 – 2.49 = Experienced; 1.00 – 1.49 = Not Experienced

Table 5 shows the therapeutic effect of music therapy in terms of spiritual aspect of pregnant women during labour. After music therapy, most of the respondents realized that they are aware that the Lord will spiritually strengthen them on their delivery process. It is experienced always with a weighted mean of 3.85. It is due to the fact that they have faith to the Lord and they believed that He will never leave them whatever happens to their delivery process. Aldridge [34] also emphasized that it is the power of music to unite us with spiritual forces and said that it is a way to open up psycho-physiologic state in which invites the spiritual aspect of experience to be present as a source of strength and healing.

Moreover, respondents feel blessed. They are also faithful to the Lord and they all know that the Lord will always guide them are all ranked second to the highest. It is experienced always with a weighted mean of 3.80. It is because that they have strong faith that the Lord will always be there beside them and also they believe that what is happening to them is a gift of the Lord. According to Lipe[35], the music's structure provided patients with comfort, peace and reassurance.

Furthermore, ranked third was that respondents want to pray and give thanks to the Lord. It is experienced always with a weighted mean of 3.75. It is due to the fact that they believe it was a gift from the Lord so they want to pray and give thanks for having such a blessing from their lives. It is similar with the study of Aldridge [34], which states that music therapy facilitates the process of connecting to that which is spiritually significant for the patient, thereby transforming experiences of suffering into those of meaning.

Then ranked fourth was that they realized that their pregnancy was a blessing from the Lord and that they know that there is hope in delivering the baby without complication. It is experienced always with a weighted mean of 3.70. It is because they trust the Lord that everything is going to be fine. Aldridge [34] focuses on the importance of hope in the face of life-threatening illness. Through active engagement with music, hope ceases to be an abstract construct, and is realized in life experiences.

Moreover after music therapy, respondents felt the presence of the Lord. It is experienced always with a weighted mean of 3.65. It is because they believe that Lord guide them while having their delivery process. Lipe [35] discussed that music opens up avenues of communication between people and with the "divine". Music experience provides access into deeper, inner nature of being.

Furthermore, ranked sixth shows that respondents can do all good things to others. It is always experienced with a weighted mean of 3.60. It is proved by Aldridge [34]which states that while the management of pain is often a scientific and technical task, the relief of suffering is an existential task and it can also be a musical task.

Lastly, respondents realized that they want to attend mass every Sunday. It is always experienced with a weighted mean of 3.55. it is due to the fact that they want to give pray and give thanks to the Lord for giving them a blessing. This was proved by Aldridge [34] which says some music can provide good spirits, helps us, and strengthens us. It is the most transformative and healing energy on the planet.

Table 5. Therapeutic Effects of Music therapy in terms of Spiritual Aspect of Primigravida Women during Labour

After the Music Therapy I realized that:	Weighted Mean	Verbal Interpretation	Rank
I want to pray and give thanks to the Lord.	3.75	Experienced Always	5
I felt the presence of the Lord.	3.65	Experienced Always	8
My pregnancy is a blessing from the Lord.	3.70	Experienced Always	6.5

I want to attend mass every Sunday.	3.55	Experienced Always	10
I feel blessed.	3.80	Experienced Always	3
I know that there is hope in delivering the baby without complications.	3.70	Experienced Always	6.5
I am faithful to the Lord.	3.80	Experienced Always	3
I know that the Lord will always guide me.	3.80	Experienced Always	3
I am aware that the Lord will spiritually strengthen me on my delivery process.	3.85	Experienced Always	1
I can do all good things to others.	3.60	Experienced Always	9
Composite Mean	**3.72**	**Experienced Always**	

Legend: 3.50 – 4.00 = Experienced Everytime; 2.50 – 3.49 = Experienced Sometimes; 1.50 – 2.49 = Experienced; 1.00 – 1.49 = Not Experienced

4. CONCLUSION

Music therapy is a highly effective means of relieving pain since the vital signs of the respondents decreased but stayed within the normal values after the music therapy [36]. They also stated their relief from the pain after listening to the music. Music therapy is a perfect way in improving the emotional state for the respondents showed a positive behaviour, they exhibited more confidence concerning their labour and delivery process, and also stated their contentment about their current status. Music therapy strengthens the respondents spiritually because they shared their experience with the Lord during their music therapy. They also showed their faith and trust in Him to never leave them during the entire process of giving birth. They feel blessed and believed that giving birth is a gift from God.

In further study, the music preference of the respondents must be taken into account to explore the effects of different genre. Labour room and delivery room nurses should offer music therapy to primigravida women experiencing labour pain to promote relaxation, reduce anxiety and alleviate the pain. Healthcare institutions should begin to provide music therapy as a means of relaxation for primigravida clients.Further study with larger samples from diverse institutions are needed to better explore the effects of music therapy in pregnant women.

5. ACKNOWLEDGMENTS

6. REFERENCES

[1] Malloch, S. and Trevarthen, C. 2018. The Human Nature of Music. *Frontiers in psychology.* 9, 1680, 1-21.

[2] Fancourt, D. and Perkins, R. 2018. Could listening to music during pregnancy be protective against postnatal depression and poor wellbeing post birth? Longitudinal associations from a preliminary prospective cohort study. *BMJ open.* 8(7), e021251, 1-8.

[3] Geller, P. A. 2004. Pregnancy as a stressful life event. *CNS spectrums.* 9, 3, 188 – 197.

[4] Gold, C., Rolvsjord, R., Aaro, L.E., Aare, T., Tjemsland, L. and Stige, B. 2005. Resource-oriented music therapy for psychiatric patients with low therapy motivation. Protocol for a randomized controlled trial. *BioMed Central Psychiatry.* 5, 39.

[5] Talwar, N., Crawford, M.J., Maratos, A., Nur, U., McDermott, O. and Procter, S. 2006. Music therapy for in-patients with schizophrenia: Exploratory randomised controlled trial. *British Journal of Psychiatry.* 189, 405-409.

[6] Cassileth B. R. and Vickers, A. J. 2005. High Prevalence of complementary and alternative medicine use among cancer patients: Implications for research and clinical care. *Journal of Clinical Oncology.* 23, 12, 2590-2592.

[7] Xu, P., Hai, Y. and Zhang, L. 2007. The Effect of Music therapy on postpartum depression among 144 patients. *World Health Digest (Chinese).* 43, 2, 108-109.

[8] Ranying, Z. 2007. Effect of Music Therapy on the labor, anxiety and depression of primiparas. *Medical Journal of Chinese People's Health (Chinese).* 19, 9, 731.

[9] Liming, W. Weiping, C. andLingyan, D. 2007. Effects of Music intervention on patients undergoing artificial abortion. *Journal of Qing Dao University of Medicine (Chinese).* 43, 2, 108-109.

[10] Gentz, B. A. 2001. Alternative therapies for the management of pain in labor and delivery. *Clinical Obstetrics &Gynecology.* 44, 4, 704-732.

[11] Phumdoung, Sasitorn and Good, Marion. 2003. Music Reduces Sensation and Distress of Labour Pain. *Pain Management Nursing.* 4, 2, 54-61.

[12] Sooper, B. 2010. Music Therapy Website Version 1.0. London: Health Profession Inc.

[13] Polit, D. F. and Beck. C. T. 2012. Nursing Research: Principles and Methods. Philadelphia: Lippincott Williams and Wilkins.

[14] Angel, V. 2011. Classical Music for Healing. Healing Therapies.

[15] mes, D. K., Spencer, C. J. and Stepsis, B. W. 2002. Fetal learning: a prospective randomized controlled study. *Ultrasound in Obstetrics &Gynecology*, 20, 5, 431-438.

[16] Berman, A. and Kozier, B. 2008. Kozier &Erb's fundamentals of nursing. Pearson Prentice Hall, Upper Saddle River, N.J.

[17] Scott, E. 2011. Music and Your Body: How Music Affects Us and Why Music Therapy Promotes Health.

[18] Browning, C. 2000. Music therapy in childbirth: research in practice. *Music Therapy Perspectives.* 19, 74-81.

[19] Yang, K. M. and Kim, S. R. 2010. Effects of a Taegyo pro- gram on parent-fetal attachment and parenthood in first pregnancy couples. *Journal of Korean Academy Nursing.* 40, 571-579.

[20] Belluck, P. 2013. Live Music's Charms, Soothing Premature Hearts.[Internet]. Nytimes.com.   [cited   10   October   2019].   Available

from:https://www.nytimes.com/2013/04/15/health/live-music-soothes-premature-babies-a-new-study-finds.html?rref=collection%2Fbyline%2Fpam-belluck&action=click&contentCollection=undefined&region=stream&module=stream_unit&version=search&contentPlacement=2&pgtype=collection.

[21] Moreno, S. 2003. Music intervention and pre-operative anxiety:an integrative review.

[22] Liu, Y.H., Chang, M. Y. and Chen, C. H. 2010. Effects of music therapy on labor pain and anxiety in Taiwanese first-time mothers. *Journal of Clinical Nursing*. 19, 1065-1072.

[23] Chang, M., Chen, C. and Huang, K. 2008. Effects of music therapy on psychological health of women during pregnancy. *Journal of Clinical Nursing*. 17, 2580-2587.

[24] Kwak, E. J. 2006. The effects of pre-delivery music therapy program on anxiety and stress in pregnancy of primigravidas. *Korean Journal of Music Therapy*. 8, 2, 1-21.

[25] Cepeda, M., Carr, D., Lau, J. and Alvarez, H. 2006. Music for pain relief. *Cochrane Database of Systematic Reviews*. 19, 2, 1-65.

[26] Edwards, J. 2006. Music therapy in the treatment and management of mental disorders. *Irish Journal of Psychological Medicine*. 23, 1, 33-35.

[27] Parent, J. 2009. Effects of music on patient anxiety in coronary care units. *Heart and Lung*. 17, 5, 560-6.

[28] Schäfer, T., Sedlmeier, P., Städtler, C. and Huron, D. 2013. The psychological functions of music listening. *Frontiers in psychology*. 4, 511, 1-33.

[29] Nemesh, Beth, 2016. Family-Based Music Therapy: Family Therapists' Perspectives. Expressive Therapies Dissertations. 8.Lesley University.

[30] Suess, L. 2008. Music as therapy – A book with soul. Still a Minstrel Searching for the soul of music. Minnesota: Langdon Street Press.

[31] Hinman, S. 2014. Music in hospitals. *British Journal of Hospital Medicine*. 50, 11, 660-662.

[32] Pellitteri, G. 2012. Preserved musical skills in a severely demented patient. *International Journal of Clinical Neuropsychology*. 10, 158-164.

[33] Pawlik-Kienlen, V. S. 2008. The effects of live music versus tape-recorded music on hospitalised cancer patients. *Music Therapy*, 3, 1, 17-28.

[34] Aldridge, D. 2003. Music Therapy and spirituality; A Transcedental Understanding of Suffering. [Internet]. Music Therapy Today. [cited 10 October 2019]. Available from:http://musictherapyworld.net

[35] Lipe, Anne W. 2002. Beyond Therapy: Music, Spirituality, and Health in Human Experience: A Review of Literature. *Journal of Music Therapy*. XXXIX (3), 2002, 209-240.

[36] Hussain, A., Manoharan, S. (2020). Bibliometric analysis of published literature on spotify music application. Journal of Advanced Research in Dynamical and Control Systems, 12 (6), pp. 1700-1708.