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EFFECT OF JASMINE AROMATHERAPY AND BACK MASSAGE TO REDUCE THE INTENSITY OF LABOR PAIN IN ACTIVE PHASE IN MATERNITY HOSPITAL NGADILAH MALANG CITY Anggrawati Wulandari_, Miftakhur Rohmah_, Shanty Natalia_ Abstract: The labor pain is a physiological that experienced by a mother. The jasmine aromatherapy and back massage probably can reduce pain, and reduce stress.

The content of sedatives (linalool) in the aroma of jasmine will stimulate the hypothalamus to reduce pain. This study aims to determine the effect of jasmine aromatherapy and back massage to reduce labor pain when the active. Methods: The method used in this study was pre-experimental design with one group pre-test post-test.

The sample was taken by total sampling on 10 -26th August 2019 and population is in Maternity Hospital Ngadilah Malang city. The number of samples was 30 respondents, taken by means of maternity mothers who come us as a respondent. Pain intensity is measured using a numeric rating scale. Data analysis was using the Wilcoxon test is Asymp. Sign (0.00 <0.05). Result: The results of the analysis of the value of p <0.00 then there are differences between the average intensity of pain when the active phase of labor before and after given of Aromatherapy Jasmine and Back Massage.

Conclusion: So, there is an effect giving Jasmine Aromatherapy and Back Massage to reduce the level of labor pain when the active phase because endorphin compounds in jasmine aroma therapy and back massage can provide comfort to the mother and eliminate pain and hopefully this method can be applied to maternity by health workers.

Keywords: Jasmine Aromatherapy, Back Massage, Labor Pain INTRODUCTION Childbirth is a series of events that result in the expulsion of a baby who is term or nearly months

followed by the removal of the placenta and fetal membranes from the mother's body [1].

Childbirth a process of opening and thinning of the cervix and uterine contractions occur, causing pain in labor. Pain is a natural process in labor. Labor pain is a subjective experience of physical sensations associated with uterine contractions, cervical dilatation and thinning, as well as fetal decline during labor [2]. The causes of pain in childbirth include physiological and psychological factors.

Physiological factors are the intensity of pain that increases from one to ten opening is getting higher and more often proportional to the strength of contractions and the baby's pressure on the pelvic structure, followed by strain and even tearing of the birth canal [4]. Physiological responses that are not handled well will cause another problem, namely psychological responses, with increased anxiety due to lack of knowledge and there is no experience for primigravida mothers when facing labor. Pain at the time of labor starts when the latent phase and the active phase.

In the latent phase, the pain feels strong and regular but lasts for a long time, the cervical opening lasts for 8 hours in this phase, as the frequency and intensity of uterine contractions increase, the pain is felt to be getting stronger and peaked in the active phase, where in this phase the complete opening takes place around 4-6 hours in primiparous and 2-4 hours in multiparas [3]. Based on the 2012 IDHS, the average maternal mortality rate (MMR) reached 359 per 100,000 live births.

The average death rate is much higher compared to the results of the 2009 IDHS which reached 228 per 100,000. In this case, the fact of the surge in deaths is certainly a correction of the government which would have previously reduced the MMR to 108 per 100,000 live births in 2015 according to the target of the Millennium Development Goals (MDGs) (2012 IDHS).

The maternal mortality rate (MMR) in Malang in the last five years shows a declining trend from 2012 to 2016, but has increased again in 2017. Compared to the 2017 MDGs which is 105 per 100,000 live births, it can be said that the target was not achieved, although the numbers have continued to decline and have approached the target number, but in the last year it has actually moved away again. Lower than the temporary national MMR, according to the MDG target [1].

Data in Ngadilah Maternity Hospital in Malang City, there are an average of 30 deliveries per month. The results of a preliminary study of 4 mothers known to all complain of pain due to pain in the perineum, abdomen and lower back, 2 mothers trying to reduce

pain is to take a deep breath. The occurrence of pain makes the first stage last longer than the general standard.

Old parturition often occurs at the time of delivery, so that when I is a point of alert for midwives to find out whether the patient can deliver normally or not. When I is the longest time with pain induced by his and cervical dilatation that must be faced by the patient. For primi given 1 hour to open the cervix as much as 1 cm and for multi only half an hour to open the cervix as much as 1 cm so that at this time, the role of the midwife is really expected, midwives must be able to provide motivation and comfort so that patients remain calm in the face childbirth [9].

Pain, tension, fear of bothering pregnant women can produce excessive amounts of catecholamines (stress hormones) such as ephinephrin and norephinephrin. High levels of catecholamines in the blood can prolong labor by reducing the efficiency of uterine contractions and can harm the fetus by reducing blood flow to the placenta. . This situation can cause the management of labor to be less controlled and can allow trauma to infants .

Many efforts were made to reduce pain during labor both with pharmacology and non-pharmacology [10]. The content of sedatives (linalool) in the aroma of jasmine will stimulate the hypothalamus to produce sedative substances in the body such as endorphins, encephalins, serotonin so that it can cause a sense of joy, pleasure, and relax so that it can inhibit the brain's response to excitatory pain [11].

Based on the above background, the content of sedatives, especially linalool, in the aroma of jasmine therapy has the potential to cause feelings of happiness and relaxation can distract maternal attention in feeling pain, while giving can be done inhaled on a handkerchief to increase the effectiveness of aromatherapy [12]. In addition, at the same time researchers are interested in adding back massage interventions in an effort to block the pain response so it does not reach the brain so that through both interventions can achieve a significant reduction in labor pain levels.

Therefore, researchers are interested in conducting empirical research on the administration of interventions of jasmine aromatherapy and back massage for 2x10 minutes after a 15-minute pause with the title "giving aromatherapy of jasmine oil and back massage to reduce labor pain during the active phase in Ngadilah Maternity Hospital in Malang City." METHODS The method used in this study is pre-experimental design, which is one group pre-test post-test. The population in this study were all maternity mothers at the Ngadilah Maternity Hospital . The sample selection was carried out in total sampling at the Ngadilah Maternity Hospital in Malang on 10 -26 August

2019. The number of samples was 30 respondents.

Pain intensity is measured using a numeric rating scale [4]. Researcher give informed consent to respondent, and then measuring pain and providing treatment then cheking pain after treatment. And than data processing is done by editing, coding, scoring and tabulating. Data analysis using the Wilcoxon test [8].

RESULT Characteristics of Respondents Table 1 Characteristics of respondents based on age, education, occupation and parity No _Characteristics _? _% _1 _Age <24 years 25-35 years > 36 years _ 9 16 5 _ 30 53 17 _ 2 _Education elementary school junior high school PT _ 4 14 9 3 _ 13 47 30 10 _ 3 _the work IRT Wirawasta PNS _ 21 6 3 _ 70 20 10 _ 4 _Parity primiparas Multipara Grandemultipara _ 15 11 4 _ 50 37 13 _ _total _30 _100 _ _Source: Primary Data, 2019 Based on table 1 Characteristics Age of 30 total respondents found most respondents aged 25-35 the year totaled 16 people (53%), the Educational Characteristics of 30 total respondents there were almost a portion of respondents who had a junior high school education of 14 people (47%), the Job Characteristics of 30 respondents there were most of the respondents whose work as IRT was 21 people (70%), Parity Characteristics of 30 respondents, there are a portion of respondents with Primipara parity totaling 15 people (50%).

Table 2 Cross tabulation of the level of pain before the scale of the level of pain after given aromatherapy jasmine and massage the back of the maternity of the first stage of the active phase in the maternity hospital Ngadilah No. _Before _After _n _% _ _ _Scale 1 _Scale 2 _Scale 3 _Scale 4 _Scale 5 _ _ _ _N% _N% _N% _N% _N% _N% _ _1 _Scale I _0 _0 _0 _0 _0 _0 _0 _0 _0 _0 _0 _0 _2 _Scale II _3 _10 _3 _10 _5 _17 _0 _0 _0 _0 _11 _37 _ _3 _Scale III _4 _13 _1 _3 _0 _0 _2 _7 _0 _0 _7 _23 _ _4 _Scale IV _2 _7 _6 _20 _1 _3 _0 _0 _0 _0 _9 _30 _ _5 _Scale V _1 _3 _0 _0 _2 _7 _0 _0 _0 _0 _3 _10 _ _TOTAL _10101010 _33 _10 _33 _8 _27 _2 _7 _0 _0 _30 _100 _ _Wilcoxon Signed Ranks Test : Poet test-pre test : Negative Rank : 16,62 (mean rank), 332.50 (sum of rank) Positif Rank : 6,50 (mean rank), 45.50 (sum of rank) Ties the value : 3 Test Statistic : Z- : 3,521a Asymp. Sig. (2-tailed) : .000 _ _Source: Primary Data, 2019 Based on Table 2 of 30 total respondents before giving jasmine aromatherapy and back massage most of the respondents experienced a pain level scale of 11 respondents (37%), some respondents who experienced pain levels on a scale of 3 amounted to 7 respondents (23%), the majority of respondents experiencing pain levels on a scale of 4 amounted to 9 respondents (30%), and the majority of respondents who experienced pain levels on a scale of 3 amounted to 3 respondents (10%).

Whereas after being given jasmine aromatherapy and back massage some respondents who experienced pain levels on a scale of 10 amounted to 10 respondents (33%), most

respondents who experienced pain levels on a scale of 2 were respondents 10 (33%), some respondents experienced pain levels on a scale of 3 respondents (27%) and some respondents experienced pain levels on a scale of 4 totaling 2 respondents (7%).

It is known that Negative Ranks (negative) between the results of Jasmine Aromatherapy and back massage for pre-test and post-test are (Mean Rank 16.62 and Sum of Ranks 332.50) this value indicates a decrease (reduction) from the pre-test value to the post test. Positive Rank or the difference (positive) between the results of giving jasmine aromatherapy and back massage for pre-test and post-test is (Mean Rank Here there are 6.50 positive data (N) which means there are respondents who experience increased pain levels from the pre-test and post-test values.

Rank mean or average and the number of positive rankings or sum of Ranks is equal to 0. ties is the similarity value of pre-test and post-test, ties the value here is 3. It can be said that the same value between the pre-test and post-test. Based Statistical test outputs, known as Asymp. Sig (2-tailed) are 0.00. Because the value is 0.00 is smaller than <0.05 , it can be concluded that the hypothesis is accepted, meaning that there is a difference between the results of jasmine aromatherapy and back massage for pre-test and post-test.

So it can be concluded also that there is a significant effect with the use of jasmine aromatherapy and back massage methods to reduce the level of pain in the active phase I in the Maternity Hospital Ngadilah. DISCUSSION Pain Level Scale Before Given Aromatherapy Jasmine and Back Massage in the First Maternity Mother Active Phase in the Maternity Home Ngadilah The results of the study based on Table 2 shows that of the 30 respondents almost part of the respondents who experienced pain levels on a scale of 2 namely as many as 11 respondents (37%), and there were also 7 respondents (23%) who experienced pain levels on a scale of 3, on a scale of 4 there were 9 respondents (30%), and 3 respondents (10%) on a scale of 5. The measurement of the pain level scale was carried out to respondents before being given Jasmine Aromatherapy and back massage.

From the above data it can be concluded that, Aomatherapy Jasmine and back massage is one of the non-pharmacological methods that can be done to reduce pain in labor [7]. Jasmine oil can make the mother strengthen contractions, relieve pain, and provide a relaxing effect while massage or gentle stroking in labor the back can make the mother feel comfortable and relaxed during labor due to the body releasing the endorphin hormone which can create a feeling of comfort and comfort, endorphin is also a natural pain reliever.

Pain Level Scale After Given Aromatherapy Jasmine and Back Massage in First Stage Maternity Women Active Phase in Maternity Hospital Based on Table 2 of 30 total respondents there were 10 respondents (33%) experienced pain levels scale 1, there were most of the 10 respondents (33%) experienced a level of pain on a scale of 2, and there were 8 respondents (27%) experiencing a level of pain on a scale of 3, on a scale of 4 there were 2 respondents (7%) who experienced a level of pain after being given Aromatherapy Jasmine and back massage.

In the opinion of researchers that the administration of Jasmine Aromatherapy and back massage pressure can inhibit or reduce the occurrence of excessive pain, this is in line with the theory that according to Gadysa the provision of jasmine aromatherapy and back massage which is carried out for 2x10 minutes every hour during labor will make mothers more relax because jasmine aromatherapy and back massage both stimulate the endorphin compound which is a pain reliever and creates a comfortable feeling .

The Effect of Giving Aromatherapy of Jasmine and Back Massage Against the Reduction of Pain Levels of First-Stage Maternity Mothers of Active Phase in the Maternity Hospital Ngadilah Based on the results of statistical tests using the test it is Wilcoxon known that the results of giving jasmine aromatherapy and back massage is Asymp. Sign (0.00 <0.05). Then the results of statistical tests giving jasmine aromatherapy and back massage can be accepted .

Thus it can be concluded that the administration of jasmine aromatherapy and back massage is effective in reducing the level of maternal pain in the active phase. From the research results obtained 7 Respondents who have no effect on the administration of Aromatherapy Jasmine and Back Massage, This is due to the age of young mothers or mothers who have never given birth (primipara) who are not strong enough to withstand pain due to its very strong.

Meanwhile 3 Respondents have a value This similarity or Ties is usually experienced in mothers whose age is older or mothers who have experienced giving birth before so that mothers can still cope with labor pain because they already have previous experience [11]. Based on the description above the researchers argue that this pain can be influenced by the meaning of pain felt by someone, the perception of pain, and pain reactions that are a response from someone to pain such as fear, anxiety, anxiety, crying, and screaming and can also be influenced by conditions sosila and location of the area [12]. This pain can be overcome by using jasmine aromatherapy and back massage.

Patients who get aromatherapy and massage will feel calm, relaxed, comfortable and will be closer to the health worker who serves, because both can be done

simultaneously so that this can indirectly reduce the level of pain that is felt .

CONCLUSIONS Suggestion for next study It is hoped that this will be an input for further researchers in conducting more accurate research in preparation for the active phase of the first stage of labor and being supported for clinical supports.

So hopefully it can be one way that can be used to overcome or reduce pain during childbirth. CONFLICT OF INTEREST There are still respondents who do not like the smell of jasmine aromatherapy oil which is too sharp. ACKNOWLEDGMENT Thank you to all mother maternity who are willing to become respondents and Ngadilah Hospital Maternity it is they who have been allowed to do research.

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