

THE EFFECT OF PREGNANCY MASSAGE ON BACK PAIN OF PREGNANT WOMEN IN THE THIRTY TRIMESTER AT KABANJAHE HOSPITAL IN 2023

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ABSTRACT

Pregnancy is a woman's physiological process, which will also involve many physiological and psychological changes. Psychological changes that may occur in a mother during the third trimester of pregnancy include the mother feeling anxiety, depression, disappointment and rejection. These feelings will influence changes in the mother's mood due to hormonal changes that trigger these changes. Physiological changes that often occur in pregnant women in the third trimester are changes in the connective tissue to become softer and looser, which can result in back pain (Astuti, et al: 2017). This research design uses a descriptive research design with a cross-sectional quantitative approach where data for each variable is studied at the same time. Descriptive-quantitative is a research method carried out to describe or illustrate a phenomenon that occurs in society without looking for relationships between variables using statistical procedures or other methods of quantification (measurement). The results of the study show that the results of the Mann Whitney test show that the significant value (p value) is $0.000 < 0.05$, so it can be concluded that H_0 is rejected or H_a is accepted, which means that there is a significant difference in the average back pain of third trimester pregnant women between the control group. with the treatment group after intervention with pregnancy massage. Based on the research results and discussion, it can be concluded that there is a significant difference in changes in back pain between the intervention group and the control group.

Keywords : Pregnancy, Pregnancy Massage, Hormonal

BACKGROUND

About 80% of women will experience back pain at some point during pregnancy. This occurs due to changes in the spinal muscles (70%), without strong back muscles the ligament injuries will get worse so that posture worsens. Meanwhile, 30% may be caused by problems with previous spinal conditions (Wulandari & Andryani: 2019). Research conducted by (Manyozo, et al: 2019) shows that low back pain can start at any time during pregnancy.

However, women in the third trimester have a higher chance of experiencing Low Back Pain. This occurs due to postural changes, increased load on the spine due to the growing fetus and excessive lordosis which exerts physical force on the spinal joints and causes

hormone cortisol which causes stress (Jamel Baljon: 2020).

According to (Nurul, et al: 2018), prenatal massage is a holistic therapy that begins with breathing relaxation, prayer, and the masseuse's sincere sense of care, love and love for the pregnant mother. The massage technique is carried out by effleurage and love kneading on certain parts of the body to increase circulation and relaxation. Of the 10 pregnant women who were interviewed, 8 (80%) pregnant women complained of back pain during the third trimester.

dysfunction. Massage is another type of complementary and alternative medicine to improve health and well-being. Massage is able to release the

According to the International Association for the Study of Pain (IASP), low back pain (LBP) is

discomfort felt in the lower back of pregnant women in the third trimester from the last thoracic vertebra (T12) to the first sacral vertebra (S1) (Guyton: 2004 in Rinta 2013). Lower back pain in pregnancy is an unpleasant condition due to the enlargement of the uterus and increasing weight causing the muscles to work harder which can cause stress on the muscles and joints (Tyastuti: 2016).

The International Association for the Study of Pain provides a definition of pain, namely: an unpleasant sensory and emotional experience resulting from actual or potential damage to tissue or described as such. It can be concluded that the definition of pain is: pain is an emotional experience in the form of an unpleasant sensation. Pain occurs due to real tissue damage such as post-surgical wounds or acute trauma, and pain occurs without real tissue damage such as chronic pain or the healing process of old trauma, post-herpetic, phantom or trigeminal pain. (Handayani : 2019).

METHODE

Univariate analysis was used to determine the characteristics of each research variable by calculating the distribution and percentage of each characteristic in each group (Notoatmodjo: 2012). Bivariate analysis was carried out on two variables that were thought to be related (Notoatmodjo: 2012). The statistical tests used in this research are the Chi Square test (χ^2) and the Fisher's Exact Test. This test is used because the data to be analyzed is categorical data. To see the significance of the statistical calculation results, a significance limit of $\alpha=0.05$ is used so that if statistical analysis results are found with a p value <0.05 , the relationship between the two variables is declared meaningful or significant.

RESULTS

This analysis is used to obtain a description of the frequency distribution with the title The Effect of Pregnancy Massage on Back Pain in Pregnant Women in the Third Trimester at Kabanjahe Regional Hospital in 2023 based on age and occupation.

Table.1 Frequency Distribution of Respondent Characteristics Based on Age and Parity

No	Umur (Tahun)	Frekuensi (Jumlah)	Persentase (%)
1	<20	4	8,3
2	20-35 tahun	28	58,3
3	>35 tahun	16	33,3
Total		18	100

No	Pekerjaan	Frekuensi (Tahun)	Persent
1	IRT	18	37,5
2	Wiraswasta	24	50,0
3	PNS	6	12,5
Total		48	100

Based on the data in table 4.1 above, it was found that the majority were aged 20-35 years, as many as 28 people (58.3%) and the majority of respondents' jobs were self-employed, as many as 24 people (50%).

Table.2 Frequency Distribution of Pregnancy Massage

Table 2. Frequency Distribution of Pregnancy Massage Respondents

No	Nyeri Punggung F	Persentase (%)
1	Tidak Nyeri	3
2	Nyeri ringan	7
3	Nyeri sedang	22
4	Nyeri Berat	18
Total		48

Based on the data in table 4.1 above, it was found that the majority had moderate back pain, namely 22 people (45.8%) and the minority had no back pain, namely 3 people (6.3%).

1.2. Bivariate Analysis

This bivariate analysis is used to prove the hypothesis of the study, namely "The Effect of Pregnancy Massage on Back Pain in Pregnant Women in the Third Trimester at Kabanjahe Regional Hospital in 2023". The bivariate analysis in this study aims to determine the difference in effectiveness between the two interventions, namely the Mann Whitney U test. For decision making, a significance level of 0.05 is used.

Table 4.3

The Effect of Pregnancy Massage on Back Pain in Pregnant Women in the Third Trimester at Kabanjahe Regional Hospital in 2023

Senam Nifas	Mean Rank N	Sum Of Ranks	p-value
Kelompok kontrol	31,81 24	763,50	0,000
kelompok intervensi	17,19 24	412,50	

Based on the table above, it can be described that the average group that did not participate in pregnancy massage as many as 24 respondents was 31.81 mean with a sum of ranks of 763.50 who experienced back pain more often while the group that participated in pregnancy massage as many as 24 respondents was 17.19 with a sum of ranks of 412.50 their back pain decreased after pregnancy

massage. The results of the statistical test obtained a p value of 0.000, so it can be concluded that there is a significant difference in changes in back pain between the intervention group and the control group.

1.3. Discussion

1.3.1. Respondent Characteristics

Based on the table above, it can be described that the average group that did not participate in pregnancy massage as many as 24 respondents was 31.81 mean with a sum of ranks of 763.50 who experienced back pain more often while the group that participated in pregnancy massage as many as 24 respondents was 17.19 with a sum of ranks of 412.50 whose back pain decreased after pregnancy massage. The results of the statistical test obtained a p value of 0.000, so it can be concluded that there is a significant difference in changes in back pain between the intervention group and the control group. The results of the study showed that the Mann Whitney test results showed a significant value (p value) of 0.000 < 0.05, so it can be concluded that H_0 is rejected or H_a is accepted, which means that there is a significant difference in the average back pain of pregnant women in the third trimester between the control group and the treatment group after intervention with pregnancy massage. Based on the results of the study above, it can be concluded that back massage (pregnancy massage) performed by pregnant women in the third trimester can reduce pain levels.

The results of the analysis above state that pregnancy massage on the back is very effective in reducing back pain in pregnant women in the third trimester. Because pregnancy massage on the back has a non-pharmaco-logical effect to reduce pain during and before labor which is not

harmful to the mother or fetus. When a pregnant woman does it routinely (2-3 times) every week during pregnancy, it can improve sleep quality, stimulate the release of endorphin hormones and reduce adrenaline hormones so that it can increase feelings of relaxation and calm. In addition, back massage that can be done by

practitioners, husbands or family can reduce back pain, and reduce anxiety (Fithriyah, Rizki Dyah Haninggar, 2020).

According to research conducted by Sulisdiana, it states that pregnancy massage can help solve problems such as anxiety, depression, stress, pain and insomnia by reducing muscle tension (Sulisdiana, 2017). In addition, according to research, it is also stated that the benefits of back massage which is done routinely twice a week can reduce stress hormones and increase endorphin hormone levels so that it can reduce complaints during pregnancy (Jackson, 2014).

Conclusions And Recommendations

5.1 Conclusion

Based on the results of the research and discussion, several conclusions can be drawn as follows: Based on the table above, it can be seen that the average of the group that did not participate in pregnancy massage, as many as 24 respondents, was 31.81, the mean with a sum of ranks of 763.50 experienced back pain more often, while the group that 24 respondents took part in pregnancy massage, namely 17.19 with a sum of ranks of 412.50, their back pain decreased after having pregnancy massage. The statistical test results obtained a p value of 0.000, so it can be concluded that there is a significant difference in changes in back pain between the intervention group and the control group.

SUGGESTION

So that respondents can use pregnancy massage for back pain from TM III pregnant women.

This research can be used as input and a source of information for Regional Hospitals and can provide health education in determining the right strategy to reduce Back Pain in TM III Pregnancy.

The results of this research can be used as additional information material and as reading material in the STIKes Mitra Husada Medan library. It is recommended that in future research, further research be conducted on mothers reducing back pain during TM III pregnancy by doing pregnancy massage.

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