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RELATIONSHIP BETWEEN PARITY AND LABOR PAIN LEVEL IN MOTHERS IN GIVING BIRTH IN SITANGGAL VILLAGE LARANGAN DISTRICT BREBES REGENCY

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²⁰
ABSTRAK: HUBUNGAN PARITAS DENGAN TINGKAT NYERI PERSALINAN PADA IBU MELAHIRKAN

Latar Belakang: Proses persalinan merupakan peristiwa alamiah yang menyertai siklus kehidupan seorang wanita untuk mengeluarkan hasil konsepsi (janin dan plasenta). Proses persalinan memberikan makna yang berbeda bagi setiap individu dan menjadikan suatu pengalaman yang unik hal ini disebabkan oleh berbagai faktor salah satunya adalah rasa nyeri pada saat proses persalinan. Sehingga banyak yang belum siap untuk menyalaminya karena membayangkan rasa nyeri yang dialami pada saat proses melahirkan.

Tujuan: Tujuan penelitian ini adalah untuk mengetahui¹⁷ hubungan paritas dengan tingkat nyeri persalinan pada ibu bersalin di Desa Sitanggal Kecamatan Larangan Kabupaten Brebes Tahun 2024

Metode: Penelitian ini menggunakan pendekatan cross sectional dengan melakukan observasi dan wawancara atau point time approach. Populasi penelitian ini adalah ibu bersalin di Desa Sitanggal Kecamatan Larangan Kabupaten Brebes pada bulan Juni 2024. Teknik pengambilan sampel menggunakan teknik accidental (tidak disengaja) dengan mengambil kasus atau responden yang kebetulan ada atau tersedia di suatu tempat sesuai dengan konteks penelitian.

Hasil: Hasil¹² penelitian ini adalah adanya hubungan antara paritas dengan tingkat nyeri persalinan. Sebagian besar ibu hamil mengalami tingkat nyeri pada paritas multipara 43,75% dan 50% ibu hamil saat persalinan mengalami tingkat nyeri berat dengan nilai chi square hitung > chi square tabel (20,72 > 15,51) dan nilai signifikansi < 0,001.

Kesimpulan: diharapkan dalam proses persalinan harus memperhatikan¹³ kebutuhan seorang wanita dalam proses persalinan yaitu terpenuhinya kebutuhan fisik, kehadiran pendamping secara terus menerus, terbebas dari nyeri, penerimaan sikap dan perilaku, pemberian informasi tentang kesediaan persalinan dan nifas.

Kata Kunci : Paritas, Ibu Hamil, Tingkat Nyeri

ABSTRACT

The process of childbirth is a natural event that is accompanied by a woman's life cycle to issue conception (fetus and placenta). The delivery process gives a different meaning for each individual and makes a unique experience this is caused by various faultors one of them is the pain during the delivery process. So many are not yet ready to have it because they imagine the pain experienced during the birth process.

⁷ The purpose of this study¹⁷ as to determine the relationship of parity with the level of labor pain in maternity in Sitanggal Village, Larangan District, Brebes Regency in 2024.

This study uses a cross sectional approach by conducting observations and interviews or point time approach. The population of this study was maternity mother in Sitanggal Village, Larangan District, Brebes Regency in June 2024. Sampling technique is to use accidental accidental (accidental) techniques by taking cases or respondents who happen to exist or are available in a place in accordance with the context of research

The results of this study are the relationship between parity and the level of pain in maternity. Most pregnant women experience pain levels in multipara parity 43.75% and 50% of pregnant

women during labor experience severe pain level with chi square count> chi square table (20.72> 15.51) and significant value <0.001.

The results of this study are expected that in the delivery process must pay attention to the needs of a woman in the delivery process, namely the fulfillment of physical needs, the presence of a companion continuously, relief from pain, acceptance of attitudes and behavior, providing information about the willingness of labor and childbirth.

Keywords: Parity, Pregnant Women, Pain Level

INTRODUCTION

Labor and birth are physiological events that mothers and families look forward to for nine months. Pregnant women are always looking forward to the happy moments of giving birth to a baby, but that joy can be a stressful and terrible time because of the intense pain during childbirth. The shadow of the risk of death during childbirth further affects the emotional stability of the mother. If this unstable emotional condition is carried over to the delivery process, it can cause an unsmooth delivery. In addition, many mothers feel pain during childbirth more severe than they should because they are greatly influenced by panic and stress (Formatting Citation).

According to (Asri, 2015) Childbirth is the process of opening and dissipating the cervix and the fetus descending into the birth canal. Labor and birth are normal physiological events. Normal delivery and birth is the process of fetal expulsion that occurs in full-term pregnancy (37-42 weeks), born spontaneously with a presentation at the back of the head that lasts within 18 hours. Normal delivery is when there are no or no complications in both the mother and the fetus. Childbirth is said to be normal when there are no complications.

Childbirth is the process of producing the results of conception (fetus and placenta) that are full-term and can live outside the womb through the birth canal or other ways with or without assistance (own strength). This process begins with true labor contractions which are characterized by progressive changes in the cervix and ends with the birth of the placenta. The process of childbirth is a natural event that interferes with the woman's life cycle to produce the results of conception (fetus and placenta). However, this process gives different meanings to individual types and makes a unique experience. This condition is due to various factors, one of which is the presence of pain during the delivery process. Labor pain begins to arise in stage I which comes from uterine contractions and cervical dilation, with the longer the frequency of uterine contractions the pain will increase (Riccini, 2018).

Pain during childbirth has the highest degree among other pains such as broken bones or toothaches. Many women are not ready to have children because they imagine the pain that will be experienced when giving birth later (Judha et al., 2021). Pain in labor is a manifestation of contractions of the uterine muscles. These contractions cause pain in the waist, abdominal area and radiate to the thighs. These contractions cause the opening of the cervix. With the opening of the uterine mouth, labor will occur. Based on research from (Widiawati, 2019) That is, the impact of uterine contractions causes complaints of labor pain which can cause anxiety and fatigue of the mother in childbirth and has a negative influence on the progress of childbirth and fetal welfare. The results of the study were obtained that childbirth causes severe pain (91.9%) and the experience of pain causes a negative experience to women so that midwives and women need to know and understand pain in the delivery process. Likewise with research from (Riccini, 2018) which states that the impact of labor pain can cause anxiety in patients, cause hyperventilation so that the need for oxygen increases, increase blood pressure and reduce intestinal motility and urinaria. In addition, high anxiety or stress will cause the release of catecholamines and steroids hormones which cause tension in smooth muscles and vasoconstriction of blood vessels so that there is a decrease in uterine contractions, decreased circulation of the uteroplacenta, reduction of blood flow and oxygen to the uterus, and the onset of uterine ischemia which makes pain impulses increase.

According to Bobak in (Asri, 2015) The pain experienced during childbirth is unique to each mother and can be influenced by several factors, including, culture, fear, anxiety, previous childbirth experience, labor preparation and support. Support in this case is the support of the entire support system provided by the partner, family or birth companion.

According to research (Widiawati, 2019) As many as 91.9% of women experienced pain during the first stage of childbirth. Mothers who have experienced pain before have a milder level of pain than mothers who have never felt pain before. In primipara maternal parity, the uterine contraction intervality is stronger than in multipara mothers and multipara mothers who

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have previous childbirth experience will be easier to adapt to pain than in mothers who have never had experience, in this case primipara mothers. Results (Ayu & Supliyani, 2019) found that the pain intensity of 3.9 was more intense in primipara mother parity compared to multipara mothers.

Various methods have been developed to reduce the level of labor pain, namely natural methods in the form of hot and cold methods, movement, massage, aroma therapy, breathing, acupuncture, hypnobirthing, reflexology and methods of using drugs such as pethidine, epidural anesthesia, entonox and others. The development of labor pain reduction techniques is relaxation techniques. Relaxation techniques are techniques that make mothers feel relaxed in childbirth can be done by means of the role of a birth companion, respiratory regulation, the right environment, understanding the body, clear communication, but this effort has not overcome the problem.

A preliminary study in Sidate Village, Larangan District, Brebes Regency on December 15-20, 2023 on 5 mothers gave birth, it turned out that of the 5 people, namely primipara and multipara who gave birth at the Sidate Health Center, where primipara experienced a severe level of pain that interfered with the delivery process, which was influenced by the parity factor.

Based on the above background, the researcher is interested in researching the Parity Relationship with the Level of Childbirth Pain in Maternity in Sidate Village, Larangan District, Brebes Regency in 2024 which is my work area as a midwife in Sidate village.

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RESEARCH METHODS

This type of research is an analytical research with a cross sectional approach. The variables of this study consist of variables that affect (independent), namely parity, and variables that are influenced (dependent), namely the level of labor pain. The technique of data collection is by conducting direct interviews with respondents using questionnaires.

The population in this study is 32 all mothers who gave birth in Sidate Village, Larangan District, Brebes Regency who gave birth in June 2024. The number of samples to be studied is 32 maternity mothers. The sampling technique is carried out by Accident sampling technique

The analyses used were univariate analysis and bivariate analysis. The analysis test method or hypothesis test used is Chi Square Tests. This research was declared ethically feasible from the Health Research Ethics Committee of the Ministry of Health, Semarang Polytechnic with the number 0749/EA/KEPK/2024.

RESULTS AND DISCUSSION

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The data from this study presents parity with the level of labor pain in pregnant women. This study was conducted at the Sidate Village Health Center, Larangan District, Brebes Regency with a sample of 32 respondents through a method and observation in the maternity room (PONED) of the Sidate Health Center. The results of this study consist of univariate analysis and bivariate analysis:

1. Overview of the Level of Labor Pain in Childbirth

Table 4. 1 Data on tables and diagrams of the Rate of Childbirth Pain in Maternity in Sidate Village, Larangan District, Brebes Regency in 2024

Pain Levels of Labor	Frequency	%
No Pain	0	0
Mild Pain	4	12,5
Moderate pain	12	37,5
Severe Pain	16	50
Very Intense/Uncontrollable Pain	0	0
Total	32	100

Based on the table above, it shows that most of the patients experience severe pain, which is as many as 16 people (50%), and a small part of mild pain, which is as many as 4

- people (12.57%).
2. The Relationship between Parity and the Rate of Maternal Labor Pain

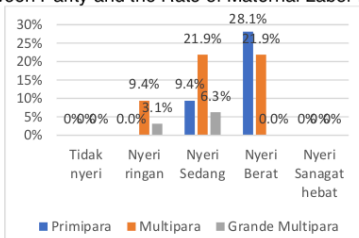


Diagram 4. 1 Parity Distribution with the Rate of Childbirth Pain in Sidate Village, Larangan District, Brebes Regency in 2024.

Based on the diagram above, 9 people (28.1%) and 3 people (9.4%) experienced moderate pain, 7 people (21.9%) experienced severe pain, 7 people (21.9%) experienced moderate pain and 3 people (9.4%) experienced mild pain, and 2 people (6.3%) experienced moderate pain. experienced mild pain as much as 1 (3.1%).

3. Uji Hipotesis

Case Processing Summary					
	Valid		Cases Missing		Total
	N	Percent	N	Percent	
Paritas * Tingkat nyeri	32	97.0%	1	3.0%	33
					100.0%

Gambar 1. Case Processing Summary

Paritas * Tingkat nyeri Crosstabulation					
Paritas		Tingkat nyeri			Total
		Nyeri ringan	Nyeri sedang	Nyeri berat	
Primipara	Count	0a	4a	11a	15
	% within Paritas	0.0%	8.3%	91.7%	100.0%
Multipara	Count	1a	8a	5a	14
	% within Paritas	7.1%	57.1%	35.7%	100.0%
Grande multipara	Count	3a	3a	0a	6
	% within Paritas	50.0%	50.0%	0.0%	100.0%
Total		4	15	16	35
		12.0%	42.9%	45.7%	100.0%

Figure 2. Symptoms The level of pain in the form of crosstabulation

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	20.722 ^a	4	<.001
Likelihood Ratio	22.626	4	<.001
Linear-by-Linear Association	16.363	1	<.001
N of Valid Cases	32		

Figure 3. Chi Square calculation results

Looking at the results of the statistical analysis with a significant value of <0.001 , there is a positive relationship between parity and the rate of labor pain in pregnant women in Sidate Village, Larangan District in 2024

DISCUSSION

1. Parity

The results of the study showed that pregnant women who experienced pain levels in childbirth with multipara parity were higher than pregnant women with primipara and grande multipara parity, where pregnant women experienced pain levels in childbirth with multipara parity of 14 (43.75%) and 12 (37.50%) in primipara parity and 6 (18.75%) in grande multipara parity.

Primipara is a woman who has given birth to a baby that can live (*viable*). The types of

parity for mothers who have partus include: a) Nullipara is a woman who has never given birth to a baby who is able to live; b) Primipara is a woman who has given birth to a baby who has been able to live; c) Multipara is a woman who has given birth to two fetuses viable or more; d) Grande Multipara is a woman who has given birth to five or more children. In a Multipara Grade, there are usually more complications in pregnancy and childbirth (Saifuddi et al., 2014).

2. Labor Pain

The study showed that the level of pain in childbirth of pregnant women in Sidate Village, Larangan District in 2024 showed that pregnant women during childbirth experienced a higher level of severe pain than pregnant women during childbirth who experienced moderate pain and mild pain levels, with severe pain levels of 16 (50.00%) and moderate pain levels of 12 (38.00%) and mild pain levels of 4 (13.00%) while the level of pain was not painful and very severe pain did not occur in childbirth of pregnant women in Sidate Village in 2024. This is in accordance with research that explains that the pain experienced during childbirth is unique to each mother can be influenced by several factors including culture, fear, anxiety, previous childbirth experience, labor preparation and support.

To overcome this, what must be considered is to meet the needs of a woman in the childbirth process, namely the fulfillment of physical needs, the presence of a companion continuously, relief from pain, acceptance of her attitude and behavior, provision of information about the will of the childbirth process and the results of her delivery.

3. The Relationship Between Parity and Labor Pain

Based on the results of *Chi Square* in the study on Parity with the Level of Childbirth Pain of Childbirth, the calculated *Chi Square* value was obtained which was 20.72 while the *Chi Square* value of the table with a significance level of 95% and DF (degree of freedom) 8 was 15.51. Since $Chi Square_{count} > Chi Square_{table}$ (20.72 > 15.51) with a significant value <0.001 table, H_0 is rejected, H_a is accepted, meaning there is a relationship between parity and pain level at a 95% confidence level. So statistically there is a positive relationship between parity and the rate of maternal labor pain in Sidate Village, Larangan District, Brebes Regency in 2024.

CONCLUSION

Based on the results of research conducted on maternity in Sidate Village, Larangan District, Brebes Regency in 2024., based on statistical tests and data analysis of each variable, the following results were obtained that most pregnant women experienced pain levels in childbirth with a multipara parity of 14 people (43.75%). The level of pain in childbirth of pregnant women shows that most of them experience severe pain levels as many as 16 people (50.00%). There was a relationship between parity and the level of labor pain in the mother, with the results of *Chi Square* calculated > *Chi Square* table (20.72>15.51) and a significant value of <0.001.

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