

The Influence Of Husband's Positive Affirmations On The Pain Levels Of Women Giving Birth In The Inpartu In Hospital National Guido Valadares Dili Timor Leste

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ABSTRACT

Giving positive affirmations to the husband can minimize stress and depression during childbirth, because it is much easier for the mother to control her emotions, while the fetus feels emotional closeness and a stronger inner bond, because when giving positive affirmations from the husband, the mother and fetus establish subconscious communication, the baby is being born with relatively no shortage of oxygen, the husband felt calmer during the birth process. This research is a quasi-experimental research with a two group posttest design only approach. The population in this study was all mothers in the first stage of labor at the Hospital National guido valadares Dili Timor Leste in 2021, totaling 20 respondents. Samples were taken using accidental sampling technique. Variable independent in this research is the husband's positive affirmation and variable dependent level of maternal anxiety. This research was conducted at Hospital National guido valadares Dili timor leste and the measuring instrument in this study used a pain scale. The analysis in this research uses Mann statistical test analysis Whitney with α 0.05. After carrying out the Kolmogorov test, it was found that asymp sig was $0.016 < 0.05$, meaning that the data was normally distributed and the Mann Whitney test could be carried out. Based on table 7, it was obtained after carrying out the Mann Whitney test was found that the research results obtained values significance (α) is 0.05 with a correlation coefficient of 0.013. Based on hypothesis testing using the Mann Whitney statistical tests with standards significance (α) = 0.05, it can be concluded that there is an influence of the husband's positive affirmation on the level of pain of women giving birth during birth at the hospital national guido valadares Dili timor leste in 2021 because of the value significance (p) 0,013 less than $\alpha = 0,05$. In this study, there was a significant difference between mothers who were given positive affirmations and those who were not given positive affirmations, namely in the group that was not given positive affirmations, most of them experienced severe pain, whereas in the birth mothers who were given affirmation positive Most experience moderate to mild pain.

Keywords: positive affirmation of husband, pain, woman giving birth

INTRODUCTION

According to Kozier & Erb (1983), pain is a sensation of discomfort that is manifested as suffering resulting from real mental perceptions, threats, and fantasies of injury. Pain is introduced as an emotional experience whose management is not only physical management, but it is also important to carry out psychological manipulation (actions) to overcome pain (Tamsuri, 2012).

Dick Read in his book *Childbirth Without Fear* states that pain is not part of the birth process itself, but is the result of social, cultural and emotional influences (Yesie: 2011). Up to

now, the maternal mortality rate (MMR) in the República Democrática de Timor-Leste (RDTL) is higher among developing countries. This condition is below the target set by the RDTL government to reduce maternal mortality. Meanwhile, an in-depth study of the relationship model between medical factors, non-medical factors and health service system factors to reduce this number has never been carried out. Maternal mortality is a basic indicator of health services for mothers or women of reproductive age in a country and is one of eight Millennium Development Goals (MDGs). The two 5th MDG targets are to reduce MMR to 75% between 1990 and 2015 (WHO, 2010). This is also the target of the RDTL country but this target has not been achieved according to the statement of former Prime Minister It has been agreed that after 2015 the MDGs will be continued with Sustainable Development Goals (SDGs) with 17 focus areas where the third goal is about healthy lives for all at all ages (WHO, 2014). The causes of AKI in RDTL are respectively as follows: 24% bleeding, 20% indirect causes such as infection, malaria, hepatitis, human immunodeficiency virus/acquired immunodeficiency, 15% puerperal sepsis, 13% unsafe abortion, 12% eclampsia, 8% obstructed labor and 8% other unknown causes (Suzanne, 2009).

Based on initial research conducted at Hospital National guido valadares dili timor leste in 2021 in February 2021 it was found that out of 10 mothers giving birth, (100%) all experienced pain during childbirth. Pregnant women's anxiety can arise, especially in the third trimester of pregnancy until delivery, where during this period pregnant women feel anxious about various things such as whether the baby is born normally or not, the pain that will be felt and so on (Usman, 2016). As the delivery schedule approaches, especially in the first pregnancy, it is normal for feelings of anxiety or fear to arise because pregnancy is a new experience (Maimunah, 2009).

Dick Read in his book *Childbirth Without Fear* states that pain is not part of the birth process itself, but is the result of social, cultural and emotional influences (Yesie: 2011).

According to WHO data, as many as 99% of maternal deaths due to labor or birth problems occur in developing countries (Joseph, 2010). According to James (2005), fear and anxiety occur in 90% of mothers giving birth (multi or primigravida).

The average pain during childbirth in the world is 8% and in Indonesia it is 9%. From the results of the survey (SKRT 2001) it is known that labor pain is the number 5 main cause of women's fear of childbirth in Indonesia (Amiruddin, 2006). Giving positive affirmations to the husband can minimize stress and depression during childbirth, because it is much easier for the mother to control her emotions, while the fetus feels emotional closeness and a stronger inner bond, because when giving positive affirmations to the husband, the mother and fetus establish subconscious communication, the baby is being born with relatively no shortage of oxygen and for the father, the father felt calmer during the birth process. The advantage for doctors and paramedics is that the work is lighter, because women who enter the program of giving positive affirmations to their husbands are more emotionally stable and have a little complain.

METHOD

This research is a quasi-experimental research with a two group posttest design only approach. The population in this study was all mothers in the first stage of labor at the Hospital National guido valadares Dili Timor Leste in 2021, totaling 20 respondents. Samples were

taken using accidental sampling technique. Variable independent in this research is the husband's positive affirmation and variable dependent level of maternal anxiety. This research was conducted at Hospital National guido valadares Dili timor leste and the measuring instrument in this study used a pain scale.

RESEARCH RESULT

Table 2.Frequency Distribution of Respondent Characteristics

No	Respondent Characteristics	F	%
1	Respondent's Age		
	< 20	2	10
	20-35	13	65
	>35	5	25
2	Respondent's Education		
	Junior high school	1	5
	Senior high school	15	75
	University	4	20
3	work		
	housewife	13	65
	PRIVATE	7	35
	SELF-EMPLOYED	0	0
4	parity		
	Primigravida	8	40
	multigravida	11	55
	Grand multigravida	1	5

Based on table 2 above, it is known that half of the respondents are aged 20-35 years, namely 5 respondents (65%) out of a total of 20 respondents, most of the respondents have secondary education (SMA/SMK/SMU), namely 15 respondents (75%) out of a total of 20 respondents, Most (65%) work as housewives and more than half (55%) have parity multigravida.

The level of pain of mothers giving birth during birth without positive affirmation from their husbands

Table 4. Frequency Distribution Table level of pain of mothers giving birth during birth without positive affirmation from their husbands

pain is not affirmation					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	mild pain	1	10.0	10.0	10.0
	moderate pain	3	30.0	30.0	40.0

severe pain	4	40.0	40.0	80.0
the worst pain	2	20.0	20.0	100.0
Total	10	100.0	100.0	

Source: Primary Research Data 2021

Based on table 4 above, it can be interpreted that of the 10 respondents who were not given affirmation by their husbands, almost half of the respondents (40%) felt severe pain during birth, namely 4 respondents.

The level of pain of mothers giving birth during birth during positive affirmation by their husbands

Table 5. Frequency distribution table of maternal pain levels during birth when the husband giving positive affirmation

		affirmation pain		Valid Percent	Cumulative Percent
		Frequency	Percent		
Valid	mild pain	5	50.0	50.0	50.0
	moderate pain	4	40.0	40.0	90.0
	severe pain	1	10.0	10.0	100.0
	Total	10	100.0	100.0	

Source: Primary Research Data 2021

Based on table 5, it was found that of the 10 respondents who were given positive affirmation, half (50%) experienced mild pain, namely 5 respondents

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Table 6. statistical analysis table of data distribution

Test Statistics		
		painful
Most Extreme Differences	Absolute	.500
	Positive	.000
	Negative	-.500
Kolmogorov-Smirnov Z		1.118
Asymp. Sig. (2-tailed)		.016

After carrying out the Kolmogorov test, it was found that asymp .sig was $0.016 < 0.05$, meaning that the data was normally distributed and the Mann test could be carried out using mann.whitney.

Table 7. is a statistical analysis table of the influence of the husband's positive affirmation on the mother's level of pain during birth

Test Statistics	
painful	
Mann-Whitney U	18.500
Wilcoxon W	73.500

WITH	-2.488
Asymp. Sig. (2-tailed)	.013
Exact Sig. [2*(1-tailed Sig.)]	.015 ^b

Based on table 7, it was obtained after carrying out the test Mann whitney It was found that the research results obtained values significance (α) is 0.05 with a correlation coefficient of 0.013. Based on hypothesis testing using the statistical tests Mann whitney with standards significance (α) = 0.05, it can be concluded that there is an influence of the husband's positive affirmation on the level of pain of women giving birth during birth at the hospital national guido valadares Dili timor leste in 2021 because of the value significance (ρ) 0,013 less than α =0,05

DISCUSSION

The level of pain of mothers giving birth during birth without positive affirmation from their husbands

Based on table 4 above, it can be interpreted that of the 10 respondents who were not given affirmation by their husbands, almost half of the respondents (40%) felt severe pain during labor, namely 4 respondents.

Labor pain is a unique and subjective experience, to which each individual has a unique response different to pain due to different pain thresholds. Differences in responses to pain are influenced by various factors, including previous pain experiences, anxiety and emotional tension (Bobak, et al., 2005). The experience of labor pain is also related to the mother's postpartum health. Mothers who experience severe pain during labor and mothers who have a negative birth experience tend to be more at risk of experiencing postpartum posttraumatic stress syndrome than mothers who experience less pain or have a positive birth experience. Therefore, nurses need to make various efforts to reduce the impact of labor pain. Labor pain has two elements, namely visceral and somatic. Visceral pain occurs in the first stage of labor due to changes in the cervix, distention of the lower uterine segment, stretching of the cervical tissue when it dilates and pressure on the surrounding structures and nerves. Visceral pain will be felt in the lower segment of the abdomen and radiate to the lumbosacral area in the back, iliac crest, buttocks, thighs and lower back. Meanwhile, somatic pain will appear at the end of the first stage of labor until the second stage of labor. Somatic pain is caused by stretching and distention of the perineal tissue and pelvic floor so that the fetus can pass through the birth canal (Czech, et al., 2018; Lowdermilk, et al., 2013). Management of labor pain in the first stage is important for nurses to consider whether the mother can continue giving birth normally or requires action due to complications due to severe pain (Solehati, et al., 2018). A mother who is experiencing pregnancy and childbirth for the first time is called primigravida. In primigravida, the effacement process usually occurs before cervical dilatation. This process causes the intensity of contractions felt by primigravida to be heavier. Pain turns into a natural and natural experience that a woman feels during childbirth, according to research done by Agustini, Pradanya, Risnayanti, (2018).

In this study, most respondent's experienced severe pain, some even experienced very severe pain, this was also influenced by their experience of giving birth. For this reason, it is necessary to provide motivation, support and affirmation by families and health workers. This

pain can also be influenced by maternal parity, table 2 shows that more than half (55%) have parity multigravida. Multigravida mothers already have experience in pregnancy.

The level of pain of mothers giving birth during birth giving positive affirmation by their husbands

Based on table 5, it was found that of the 10 respondents who were given positive affirmation, half (50%) experienced mild pain, namely 5 respondents

An affirmation or affirmation is a statement of acceptance that can be used to present oneself with abundant freedom, prosperity and peace. Affirmations themselves are positive sentences or a group of sentences that are strung together to form a sentence that can provide positive motivation for a person. Affirmations that are used correctly are a very powerful psychological tool for growth (Abdurrahman, 2012) in Pinilih, Retna & Amin (2014). Affirmations are a combination technique of verbal and visual favorable states of one's mind. Powerful affirmations can be very powerful, they can also be used by almost anyone to achieve their goals and fulfill their desires (Chapman, 2010). Manipulation of affirmation techniques has the potential to increase motivation for patients to engage in social behavior and health as well as comply with it. Positive Affirmations or Positive Thinking can also be interpreted as a thought process that is closely related to concentration, feelings, as well as attitudes and behavior. Positive affirmations can be described as a way of thinking that emphasizes a positive perspective and emotions, both towards oneself, other people and the situation being faced. Positive psychological conditions in individuals can increase abilities to complete various problems and tasks, positive affirmations can also help someone give positive suggestions to themselves when they experience failure, when they behave in a certain way and generate motivation.

The Influence of Husband's Positive Affirmations on the level of pain in labor during labor

Based on table 7, it was obtained after carrying out the Mann whitney test. It was found that the research results obtained values significance (α) is 0.05 with a correlation coefficient of 0.013. Based on hypothesis testing using the statistical tests Mann whitney with standards significance (α) = 0.05, it can be concluded that there is an influence of the husband's positive affirmation on the level of pain of women giving birth during birth at the hospital national guido valadares Dili timor leste in 2021 because of the value significance (p) 0,013 less than $\alpha = 0,05$

During labor, the uterus contracts more strongly and when it contracts a person will experience pain. These contractions are influenced by the hormone oxytocin and prostaglandins produced from the glands pituitary and uterine lining. Both hormones will increase at the end of pregnancy and childbirth. According to Aprilia (2019) pain is an unpleasant emotional experience. In primigravida labor pain is often more severe than in multigravida. This is because multigravida experience effacement (cervical thinning) along with cervical dilatation. Meanwhile, in primigravida, the effacement process usually occurs before cervical dilatation. This process causes the intensity of contractions felt by primigravida to be heavier than multigravida, especially during the first stage of labor. Primigravida also experience a longer labor process than multigravida, so primigravida experience fatigue for longer. This fatigue has an effect on increasing the perception of pain, thereby increasing the intensity of pain to increase. According to Lanny Kuswandi (2011), quoted by Ardhiyanti and Safitri (2015), hypno birthing is a technique of autohypnosis (self-hypnosis), namely a natural effort to instill positive intentions/suggestions into the soul of the subconscious mind during pregnancy and

preparation for childbirth based on belief that every woman own the potential to undergo a natural, calm and comfortable birthing process (without pain). This intervention teaches mothers to integrate with the body's natural movements and rhythms during the birthing process. Letting go of body and mind Work and believe that the body is able to function as it should. So that the pain can be diverted/controlled. In this way, the recording that is imprinted in the subconscious mind that childbirth is painful can be erased and replaced with the belief that childbirth is easy, smooth without pain. The hypno-birthing technique carried out on primigravida is in line with research conducted by Fathony (2017) on 22 samples, each group shared 2. One control group and one treatment group. From this research, the mean pain score between the treatment group and the control group was p value = 0.025. There was a significant difference between mothers who were given treatment and mothers who were not given treatment. With the results of the multivariate analysis model II, the Ordinal Ratio (OR) value of the hypno birthing variable was 4.50. This means that mothers who are not given hypno birthing treatment are more likely to experience severe labor pain compared to mothers who are given hypno birthing treatment. Apart from that, when a woman in labor carries out neuromuscular and motor activities, the activity in the spinal cord will further modify the transmission of pain. Cognitive activities that require concentration on breathing and relaxation require selective and directed cortical activity that shuts down the mechanism of diversion pain (lowdermilk, 2013). The cerebral cortex is a combination of the temporo-parietal - occipital cortex (collecting and integrating somatic sensations, hearing and vision to project, process more complex information). The stimulus is passed on to the combined cortex prefrontal (as decision making to prepare movements and inform the motor cortex of various responses that have been made programmed). After that it is continued in the limbic cortex (related to motivation, emotions and plays a big role in memory). The association areas of the cortex are interconnected through inner fiber bundles substance cerebral alba. Collectively the association area integrates various information for actions that have been recorded/programmed (Sherwood, 2019). When the record is called it will activate the gate mechanism by sending an impulse downward through the spinal column to close the gate. The substance gelatinous does block for pain perception No reaches the brain, causing pain abstracted. Meanwhile, in another part of the brain, namely the hypothalamus Work stimulates the pituitary gland to produce stress-relieving hormones, namely endorphins, serotonin and noradrenaline. These three hormones Work as a neuromodulator to inhibit work neurotransmitters that are sympathetic to nerves. Work nerves sympathetically inhibited by nerves parasympathetic so that pain sensitivity can be reduced and pain can be felt abstracted. How this part of the brain works can be explained by research entitled hypnotic analgesia reduces brain response to pain seen in others regarding hypno analgesia. said that hypnosis besides can reduce pain, can also eliminate responses related to empathy for pain seen in other people where changes occur in the right amygdala with a P value of 0.019. Based on the main peak effect on the thalamus originating from the cortex prefrontal, hypnosis can modulate high emotional and social processes (Braboszcz, et al, 2017).

In this study, there was a significant difference between birth mothers who were given positive affirmations and those who were not given positive affirmations, namely in the group that was not given positive affirmations, most of them experienced severe pain, whereas in the birth mothers who were given affirmation positive Most experience moderate to mild pain.

CONCLUSION

1. Nearly half of respondents (40%) were not given positive confirmation at Hospital National Guido Valadares Dili Timor Leste in 2021, 4 respondents felt severe pain during childbirth.
2. Half of the respondents (50%) who were given positive affirmation were found to experience mild pain, namely 5 respondents
3. Based on hypothesis testing using the Mann Whitney test It was found that the research results obtained values significance (α) is 0.05 with a correlation coefficient of 0.013. Based on hypothesis testing using the statistical tests Mann Whitney with standards significance (α) = 0.05, it can be concluded that there is an influence of the husband's positive affirmation on the level of pain of women giving birth during birth at the hospital national Guido Valadares Dili East Timor year 2021.

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