



Article

The Relationship Between Midwives' Knowledge and Attitudes Toward The Provision of Acupressure to Reduce Pain During Labor

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A B S T R A C T

Myometrial contractions, which cause labor pain, are a physiological process that varies in intensity depending on the individual. Most women who go through labor feel pain, but not all of them deal with it well. Anxiety and irregular labor might result from improper management of labor pain. It is possible to lessen labor pain by using both pharmaceutical and non-pharmacological interventions. In order to prepare moms and lower maternal anxiety during labor, non-pharmacological therapies like acupressure are thought to lessen the severity of labor pain. From August to October 2023, research using a cross-sectional study design was carried out at the Independent Midwife Practice in Padang City. Up to 40 midwives who worked or had their own independent midwifery practice in Padang City made up the research sample. Systematic random sampling was used to collect the samples. Chi square analysis test ($p \leq 0.05$) was used for both univariate and bivariate data analysis. The findings demonstrated that 47.5% of respondents had strong knowledge, and 72.5% had a positive attitude. The bivariate test results, with p values of 0.018 and 0.044, indicated a link between respondents' knowledge and attitude toward the supply of acupressure. When it comes to the providing of labor acupressure, knowledge and attitude are significantly correlated.

I. INTRODUCTION

Labour pain as myometrial contractions, is a physiological process with different intensities in each individual. The majority of women experience pain during labour, but not all cope in an appropriate manner. Failure to manage labour pain properly can lead to anxiety and abnormal labour (Baljon, 2020).

Pain during labour can be reduced by administering pharmacological and non-pharmacological measures. Many women want to avoid pharmacological pain management methods in labour. Other complementary methods of pain management that can be implemented are acupressure and acupuncture. Acupuncture can increase satisfaction with pain management and reduce the use of pharmacological analgesia. Acupressure compared to usual care can reduce pain intensity (Smith, 2022). Acupressure is the application of pressure to acupuncture points based on meridian theory by structuring the energy network throughout the body, increasing the flow of qi (bioenergy) and thus changing the experience of symptoms (Simkin, 2013).

Therefore, the provision of non-pharmacological therapies such as acupressure in labour is believed to reduce the intensity of labour pain, so that mothers have readiness and suppress maternal anxiety in labour.

II. METHODS

Research with a cross sectional study design was conducted at the Independent Midwife Practice in Padang City from August to October 2023. The research sample was midwives who worked or had an independent midwife practice in Padang City as many as 40 respondents. Samples were taken by systematic random sampling. Data analysis was univariate and bivariate using chi square analysis test ($p \leq 0.05$).

III. RESULT

This research began in August 2023 by conducting an initial survey and obtaining permission to the Indonesian Midwives Association, Padang City Branch. Then follow the Ethical Test by the Research Ethics Committee Team at the Faculty of Medicine, Andalas University Padang with a certificate of passing ethical review number: 497/UN.16.2/KEP-FK/2023. Data collection has been carried out on 26 September 2023 in 40 midwives in Padang City. Data collection was carried out with the help of 6 enumerators to distribute questionnaires in 40 locations.

This research determined that 100% of the participants were university graduates. Considering their characteristics 37,5% were Diploma III, 22,5 % were Diploma IV, 15% were undergraduate, 12,5% were professional and 12,5% were postgraduate. The age distribution of respondents is in the range of 20-30 years as much as 30%, 31-40 years by 17.5%, 41-50 years by 22.5%, and 51-60 years by 30% as we see in the following table:

Table 1. Participant Characteristics

Characteristic	f	%
Education		
Diploma III	15	37.5
Diploma IV	9	22.5
Undergraduate	6	15.0
Professional	5	12.5
Postgraduate	5	12.5
	40	100
Umur		
20-30	12	30
31-40	7	17,5
41-50	9	22,5

51-60	12	30
	40	100

Table 2. Relationship between Respondents' Knowledge and the Administration of Acupressure in Labour

Level of Knowledge	Administration of Acupressure in Labour				p value
	Giving acupressure		Not provided		
	f	%	f	%	
	good	18	94,7	1	
sufficient	7	63,6	4	36,3	
deficient	5	50	5	50	
Jumlah	30	75	10	25	

Of the 40 respondents, the number of respondents with good knowledge was 19 people, of whom 18 people (94.5%) gave acupressure and 1 person (5.2%) did not give acupressure in labour. Respondents with sufficient knowledge as many as 11 people including giving acupressure as many as 7 people (63.6%) and not giving acupressure as many as 4 people (36.3%) in labour. While respondents with deficient knowledge as many as 10 people including giving acupressure as many as 5 people (50%) and not giving acupressure as many as 5 people (50%) in labour.

The results of the analysis using chi square obtained a p value of 0.018 with a significant level (α) of 0.05. Based on these results, it can be concluded that the p value is smaller than the α value, so it can be concluded that there is a significant relationship between respondents' knowledge and the provision of acupressure in childbirth at the Independent Midwife Practice in Padang City.

Table 3. Relationship between Respondents' Attitude and the Administration of Acupressure in Labour

Level of Attitudes	Administration of Acupressure in Labour				p value
	Giving acupressure		Not provided		
	f	%	f	%	
	good	17	89,4	2	
deficient	13	61,9	8	38,09	
Jumlah	30	75	10	25	

From 40 respondents, the number of respondents with good attitudes as many as 19 people including giving acupressure as many as 17 people (89.4%) and not giving acupressure as many as 2 people (10.5%) in labour. Respondents with a deficient attitude as many as 21 people including giving acupressure as many as 13 people (61.9%) and not giving acupressure as many as 8 people (36.8.09%) in labour.

The results of the analysis using chi square obtained a p value of 0.044 with a significant level (α) of 0.05. Based on these results, it can be concluded that the p value is smaller than the α value, so it can be concluded that there is a significant relationship between the respondent's attitude and the provision of acupressure in childbirth at the Independent Midwife Practice in Padang City.

IV. DISCUSSION

Based on the results of the study, there is a significant relationship between respondents' knowledge and the act of giving acupressure in labour. This illustrates that the existence of good

knowledge about acupressure in labour contributes to the implementation of acupressure. The results showed that most of the respondents' education level was college so that this caused most of the respondents' knowledge to be good.

Notoatmojo (2012) states that knowledge is the result of human sensing, or the result of someone knowing objects through their senses where the level of knowledge has levels ranging from knowing, understanding, application, analysis, synthesis, and evaluation. The study found that respondents who had less knowledge but carried out acupressure administration in labour. This shows that knowledge is influenced by one's view, the respondent's knowledge needs to be improved so that what is known can be applied properly with a good level of understanding as well.

Labour pain starts with uterine contractions and cervical dilatation. If the mother cannot compensate for the pain well, it is feared that the mother will become anxious and unfocused in facing labour. This will have an impact on the incidence of fetal distress (Chomaria, 2019). Support in childbirth against pain provided such as giving acupressure by health providers, especially midwives, can divert the mother's attention and make the mother feel more confident in facing childbirth (Ariesty, 2021).

There were 5 respondents with poor knowledge but gave acupressure in labour, 1 respondent with good knowledge but did not give acupressure in labour, and 7 respondents with sufficient knowledge gave acupressure in labour. Knowledge is the most influential domain in the formation of a person's actions. Knowledge will become a behaviour through a process of awareness, interest, weighing the good and bad, trying new behaviours and accepting these behaviours in accordance with knowledge, awareness and attitudes (Haryanto, 2007).

A person's knowledge of an object will determine a person's attitude, the more positive aspects of an object that is known, will make a good attitude towards the object. But attitude formation is not only determined by knowledge, but there are other factors such as environmental factors, and other external factors (Wawan, 2010).

Behaviour is a human action that has a broad meaning in the form of activities or activities that are directly observed or cannot be observed by outsiders (Notoatmodjo, 2008). Behaviour is a person's actions in responding to something that is made a habit because of the values believed to be from humans both directly observed and not manifested in the form of knowledge, attitudes, and actions.

The results of this study are in line with research conducted by Selvia (2021) that knowledge has a relationship with a person's health behaviour with a p value of 0.024. This means that the better one's knowledge, the better the behaviour in giving birth acupressure.

It's critical to acquire favorable attitudes about supportive and complementary care techniques as well as adequate knowledge of labor pain and postpartum care techniques. Turkish health professionals' awareness of and application of complementary and alternative therapeutic techniques. Only 4.8% of health workers got this kind of training, according to the study's findings. Just half (49.6%) of the participants in this study reported knowing anything about complementary therapies and supportive care techniques, compared to 77.7% who knew about labor pain and postpartum care techniques. Decisions on the applicability of pertinent procedures and the extent to which complementing approaches have been employed in the past may help to explain this (Lafci, 2014). But to do this, you need to enroll in education and certification programs that have been approved by the Ministry of Health.

Based on the results of the study there is a significant relationship between the attitude of respondents and the act of giving acupressure in labour. This illustrates that a good attitude about acupressure in labour contributes to the implementation of acupressure. However, the results of the study still found respondents who had a good attitude but did not provide acupressure in labour. This can be caused by other factors that can influence a person's actions such as age and experience. The higher the age of a person will affect the response it causes.

While knowledge of complementary therapies and supportive care techniques is not sufficient to provide holistic care in healthcare facilities, their application is crucial, even though some are part of the fundamentals of midwifery practice. (Sahin, 2022). Before being used, acupressure in labor needs to be done with specific instruction.

Health professionals' attitudes toward complementary medicine were good in the Bauer et al. (2020) study. 82.3% of participants in a study by Bahall and Legall (2017) that looked at health professionals' knowledge, attitudes, and behaviors about complementary medicine employed complementary approaches, and the degree of use varied depending on profession, gender, and race.

Attitude is a reaction about a person's likes and dislikes that shows a person's tendency to judge something. Attitude is a predisposing factor for changing reactions into behaviour (Efendi, 2019). Based on the research, it can be seen that the respondent's attitude is formed from his understanding. The better the knowledge, it will be followed by a good attitude in assessing something.

Approximately 20% of medical personnel lacked knowledge regarding supportive care and alternative therapies. The majority of medical professionals have favorable comments regarding these techniques (Bolsoy, 2022). Samuels et al (2010) found that most midwives working in maternity services in Israel evaluated the use of complementary and alternative medicine as never used, and the most frequently used were acupuncture, reflexology, phytotherapy, music, acupressure, homeopathy, hypnotherapy, and chiropractic. In Turkey, with the increasing exchange of information, these methods will be supported and their use will expand. However, it is thought that education and certification programmes approved by the Ministry of Health are required for this.

The results of this survey indicated that midwives had positive attitudes. The views of midwives were found to be positively influenced by their education, opinions regarding acupressure, and related techniques that help control pain. This might be the result of having the right environment to work in and having the expertise to perform acupressure during labor. While some midwives may have negative attitudes, midwifery practice needs to improve if midwives are more competent in administering acupressure and have greater professional independence.

It is advised that pregnant women receive as much instruction as possible starting in the third trimester of their pregnancy before receiving acupressure to ease labor pains. The presence of mother knowledge bolstered by the skills and positive outlook of midwives might positively impact the birthing process.

V. CONCLUSION

In this study, it was seen that the acupressure method was known by practising midwives working in independent practices in Padang city. It was concluded that most of the midwives had good knowledge about acupressure in labour and most of the midwives had good attitudes about acupressure in labour. There was a significant relationship between respondents' knowledge and the provision of acupressure in labour and there was a significant relationship between respondents' attitudes and the provision of acupressure in labour. To support this positive attitude, necessary plans should be made, taking into account the contribution of training. It is necessary to include the complementary therapy of labour acupressure in undergraduate education to provide a better standard of care to improve maternal health.

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