

THE EFFECT OF BENSON RELAXATION TECHNIQUE ON PAIN INTENSITY IN *POST SECTIO CAESAREA* WOMEN AT BEKASI ‘H’ HOSPITAL

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ABSTRACT

The act of *sectio caesarea* can cause quite complex problems both physically, psychologically, socially, and also spiritually. The physical or physiological impact that often arises and is felt by *post sectio caesarea patients* is pain due to a tissue incision which results in the continuity of the tissue being cut off. Pain can be treated using pharmacological and non-pharmacological methods. One of the non-pharmacological methods that can be used is the *Benson relaxation technique*. Research to determine the effect of the *Benson relaxation technique* on pain intensity in post-section caesarea mothers at H 2022 Hospital. This study was a quasi-experimental study using a *non-equivalent control group design*. The sampling technique uses total sampling. The sample of this study was the first day post -*sectio caesarea mothers* at H. Bekasi Hospital who met the criteria totaling 38 people. Analysis using the *Wilcoxon Rank Test* and *Mann-Whitney statistical tests*. The *Wilcoxon Rank Test* obtained the result of Asmp.sig (2 tailed) worth 0.000 because the value of 0.000 is less than <0.05 , so there is a difference between the results of post section caesarea pain intensity in the intervention group before being given the Benson relaxation technique and after being given the *Benson relaxatio technique* n. The *Mann-Whitney test* obtained a p value of 0.000 (p value ≤ 0.05), which means that there is an effect of the *Benson relaxation technique* on pain intensity in *post-sectio caesarea mothers* at H Hospital Bekasi in 2022. There is an effect of the *Benson relaxation technique* on pain intensity in *post-caesarean section* mother. It is hoped that the Benson relaxation technique can be used as a non-pharmacological therapy to reduce pain intensity in *post-section caesarea mothers*.

Keywords: *Benson Relaxation Technique*, *Pain Post section caesarea*,

INTRODUCTION

Childbirth is the process of expelling the products of conception (fetus and placenta and amniotic fluid) that are full-term or can live outside the womb through the birth canal or with assistance or without assistance (own strength) (Manuaba, 2010). Childbirth can be done in two ways, namely vaginal and *caesarean section*. Every woman wants a birth process that runs smoothly, normally and can give birth to a perfect baby without any deficiencies. However, it is not uncommon for the delivery process to experience obstacles so that an operation must be carried out. In the past, *Caesarean section* was still considered a scary thing. Slowly along with the development of sophistication in the field of medicine and midwifery, this view began to shift. Now,

delivery via *caesarean section* is often used as an alternative choice (Kricillia *et al* . , 2020).

The high incidence of *caesarean section* is inseparable from the factors that influence it. The increase in the incidence of *caesarean section* does not only occur in developed countries, there has also been a significant increase in developing countries. Medical indications for *sectio caesarea* are placenta previa, preeclampsia, fetal distress, fetal position abnormalities and large fetuses (Bobak *et al* . , 2004). Apart from medical indications.

The prevalence of *caesarean sections* in many countries continues to increase from year to year, as well as in our country Indonesia which has increased . *The World Health Organization* (WHO) stipulates that the average *caesarean section* in a country is around 5 -15% per 1000 births in the world (Yusliana, 2015) . Government hospitals are approximately 11% while private hospitals are more than 30% (Gibbson, 2010). According to the WHO increased deliveries by *caesarean section* throughout the country during 2007-2008, namely 110,000 per birth throughout Asia (Leveno, 2009)

The 2018 Regional Health Research (Riskesdas) data shows an increase in the act of cesarean section delivery to 17.6%. The number of cesarean section deliveries in Indonesia, especially in government hospitals, is around 20-25% of the total number of deliveries, while in private hospitals the number is higher, namely around 30-80% of the total number of deliveries (Warsono *et al.*, 2019). birth by *caesarean section* 9.8% of a total of 49,603 births with the highest province in DKI Jakarta (19.9%) and the lowest in Southeast Sulawesi (3.3%) (Kricillia *et al* . , 2020). Based on the medical record data of RS H Bekasi from January to December 2020, there were 1,320 deliveries by *Caesarean section* . Based on data from the medical record, the number of operations in 2021 from January to April was 335 patients.

The act of *sectio caesarea* can cause quite complex problems both physically, psychologically, socially and spiritually. This problem does not stand alone, but each component influences each other (Solehati and Kosasih, 2015). The physical or physiological impact that often arises and is felt by *post sectio caesarea patients* is pain due to a tissue incision which results in the continuity of the tissue being broken (Kricillia *et al* . , 2020).

Pain is a sensory experience brought on by a stimulus resulting from tissue damage. (Manku, 2010). The pain felt by the *post section caesarea mother* will have impacts such as limited mobilization, disturbed or unfulfilled *bounding attachments* , *disturbed Activity of Daily Living* (ADL) in the mother and consequently reduced baby nutrition due to delays in giving Early Breastfeeding Initiation (IMD) which will affect power resistance of babies born by *caesarean section* (Afifah, 2009).

Pain can be treated using pharmacological and non-pharmacological methods. Pharmacologically, pain can be treated by administering analgesic drugs, including non-narcotic analgesics, NSAIDs, narcotic analgesics, and *adjuvants* (Andarmoyo, 2017). The advantage of pharmacological treatment is that pain can be treated quickly, but the administration of chemical drugs for a long time can cause side effects that can harm the user, such as kidney disorders (Yosep, 2007; Yuliana, 2015). For non-pharmacological

methods that can be applied in dealing with pain, namely relaxation techniques. Hypnotherapy, *guided imagery*, use of aromatherapy, *Transeccio caesareautaneous Electric Nerve Stimulations* (TENS), warm and cold compresses, and massage (Solehati; Kosasih, 2015).

Pharmacological pain control is very effective for reducing pain, but pharmacological administration does not aim to increase the client's own ability to control his pain and has long-term effects such as kidney disorders. So a combination of pharmacology and non-pharmacology is needed so that the sensation of pain can be reduced and the recovery period is not prolonged. These non-pharmacological methods are not a substitute for drugs, these actions are needed to shorten episodes of pain that last only a few seconds or minutes. (Nausah *et al.*, 2016).

Relaxation technique is a non-pharmacological method that is effective in reducing *post sectio caesarea pain*. According to Wahyu (2018), relaxation is an action to free mentally and physically from tension and stress so that it can increase pain tolerance. There are 4 kinds of relaxation techniques, namely muscle relaxation (*progressive museccio caesareale relaxation*), breathing (*diaphragmatic breathing*), meditation (*attention focusing exercise*), and *behavioral relaxation* (Miltenbarger, 2004).

Benson relaxation is the development of a breathing relaxation method involving patient belief factors that can create an internal environment so that it can help patients achieve a higher state of health and well-being (Benson and Proctor, 2000 *in* Solehati and Kosasih, 2015). Benson's relaxation is effective enough to bring about a calm and relaxed state. Furthermore, the relaxed body muscles cause waves that begin to slow down, finally allowing a person to rest in peace. Blood flow will run smoothly, neurotransmitters will be released and the nervous system will work properly (Fithriana *et al.*, 2018).

Wahyu's research (2018) with the title Effectiveness of Benson Relaxation on Reducing Post Sectio Caesarea Maternal Pain, this research was conducted at Raja Ahmad Thabib Tanjung Pinang Hospital with a total sample of 22 people showing that p value 0.000, $p \leq 0.05$, which means there is an effect of Benson relaxation on decrease in pain comfort in *post sectio caesarea patients*.

Warsono's research (2019) with the title The Effect of Benson Relaxation Technique on Pain Intensity of *Post Sectio Caesarea Patients* was carried out at PKU Muhammadiyah Cepu Hospital with a total sample of 30 respondents who obtained P value = 0.000, $p \leq 0.05$ so that it was concluded that the administration of the Benson relaxation technique was effective in reducing pain intensity in *postpartum sectio caesarea mothers*.

Kricillia's study (2020) with the title The Effect of the Benson Relaxation Technique on Reducing Pain in Postoperative *Sectio Caesarea Patients* was carried out at Dr. Achmad Mochtar Bukit Tinggi with a total of 20 respondents obtained a value of $p = 0.001 < p 0.05$ so it can be concluded that there is an effect of the benson relaxation technique on reducing pain in *post-cesarean section patients*.

Pharmacological techniques that are highly developed, especially for reducing the pain scale, are often recommended by doctors at H Bekasi Hospital, but the effects of analgesic drugs have a long-term effect compared to non-pharmacological techniques,

namely by doing the Benson *relaxation technique*. Based on this background, the researcher is interested in conducting research entitled "The Effect of the Benson *Relaxation* Technique on Pain Intensity in Post Sectio Caesarea Mothers at H Hospital Bekasi in 2022".

METHODS

This research is a quasi -experimental research . Quasi *experiment* is a development of *true experimental design* which is difficult to implement because of the randomization aspect. This design has a control group, but cannot fully function to control external variables that affect the implementation of the experiment. The purpose of this research is to find out a symptom or effect that arises as a result of a certain treatment (Siswanto, 2016).

This research uses a non equivalent control group design. The research subjects, namely *post-sectio caesarea mothers* who experienced pain on the first day who participated in the study were divided into two groups, namely the intervention group and the control group. The intervention group was the group that received therapy according to hospital procedures plus the administration of the Benson *Relaxation technique* , while the control group was the group that was not given intervention, but still received therapy according to hospital procedures.

DISCUSION

Research result

Univariate analysis

Univariate analysis is used to explain or describe the characteristics of the variables studied. Research data obtained in numerical form needs to be tested for data normality to find out whether the data is normally distributed or not.

Table 1 Characteristics of Respondents Based on Age, Education, Occupation, Parity and History of *Caesarean Section* at H Hospital Bekasi in 2022

No	Variable	Intervention (n = 19)	%	Control (n=19)	%	Total (n = 38)	%
1	Age						
	20-35 years	17	89.5	14	73,7	31	81.6
	>35 years	2	10.5	5	26,3	7	18,4
	Total	19	100	19	100	38	100
2	Education						
	Low (SMA)	16	84,2	17	89.5	33	86.8
	Height (PT)	3	15,8	2	10.5	5	13,2

3	Total	19	100	19	100	38	100
	Profession						
	Not Working work	10	52,6	14	73,7	24	63,2
		9	47,4	5	26,3	14	36,8
4	Total	19	100	19	100	38	100
	Parity 1	10	52,6	5	26,3	15	39,5
	≥2	9	47,4	14	73,7	23	60,5
5	Total	19	100	19	100	38	100
	History of caesarean section	17	89,5	12	63,2	29	76,3
	Never Once	2	10,5	7	36,8	9	23,7
	Total	19	100	19	100	38	100

Based on Table 4.1, it can be seen that out of 38 respondents (100%) the majority of respondents aged 20-35 years were 31 people (81.6%), had higher education as many as 34 people (89.5%), did not work as many as 24 people (63.2%), 23 people (60.5%) had parity ≥ 2 and did not have a history of *cesarean section delivery* in 29 people (76.3%).

Bivariate Analysis

Bivariate analysis was used to analyze and find out whether there is a relationship or difference between the two variables so that it can be seen whether there is an influence between the independent variable (Benson *Relaxation Technique*) and the dependent variable (*post section caesarea pain*).

a. Normality test

Before the statistical test was carried out, the data normality test was carried out using the *Shapiro-Wilk test* which was used to determine differences in the intensity of the *post-caesarean section pain scale* in the intervention group and the control group.

Table 2 Results of the one sample Shapiro-Wilk test data normality test

Results	Intervention		Control	
	N	P- Value	N	P- Value
<i>Post sectio caesarea Pain Intensity Before</i>	19	0.000	19	0.001
<i>Post sectio caesarea Pain Intensity After</i>	19	0.21	19	0.19

Based on Table 4.2, it is known that the p-value for all data is <0.005 , it can be concluded that the research data is not normally distributed, so the data analysis test used is non-parametric statistics, namely the *Wilcoxon Signed Rank* and *Mann-Whitney tests* .

Table 3. Average Distribution of *Post-Caesarean Section Pain Intensity* in the Intervention Group and the Control Group

Group	<i>Post sectio caesarea</i> Pain Intensity Before		<i>Post sectio caesarea</i> Pain Intensity After	
	Means ±SD	Median (Min-Max)	Mean ±SD	Median ((Min-Max))
Intervention (n=19)	4.59 ±1.224	5.00 (3-6)	2,21 0.976	2.00 (1-4)
Control (n=19)	4.89 0.737	5.00 (3-6)	3.80 0.855	4.00 (3-6)

Based on Table 3, it shows that the average pain intensity in the intervention group before being given the Benson *relaxation technique* was 4.59 and the median or median value was 5 with the minimum and maximum values being 3 and 6. Then, after being given the Benson *relaxation technique*, the average intensity pain in the intervention group was 2.21 and the mean value in the intervention group was 2.00 with minimum and maximum values respectively 1 and 4. The average *post sectio caesarea pain intensity* before the control group was 4.89 and obtained a The middle or median is 4.00 with a minimum and maximum value of 3 and 6 respectively. So it can be concluded that there was no difference in the pain intensity of the intervention and control groups before the Benson *relaxation technique* was carried out, in the intervention group after the Benson *relaxation technique* was carried out it reduced pain intensity in *post-cesarean section mothers*.

Table 4 Wilcoxon Sign Rank Test Results Based on *Post Sectio caesarea Pain Intensity* before and after

Results	<i>Post sectio caesarea</i> Pain Intensity Before		<i>Post sectio caesarea</i> Pain Intensity After		P-Value	N
	Means	Std. Dev	Means	Std. Dev		
Intervention	4.95	1.224	2,21	0.976		
Control	4.89	0.737	4.21	0.855	0.000	19

Based on Table 4, the Asymp.sig results were obtained. (2 tailed) has a value of 0.000 because the value of 0.000 is less than <0.05, so it can be concluded that there is a difference between the results of *post-section caesarea pain intensity* in the intervention group before being given the Benson *relaxation technique* and after being given the Benson *relaxation technique*.

Table 5 Results of the *Mann-Whitney Test* After Being Given the Benson Relaxaion Technique on Pain Intensity in *Post Sectio Caesarea Mothers*

Group	<i>Post sectio caesarea</i> Pain Intensity After	P-Value	N
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	Means	Std. Dev		
Intervention	3.58	1.605		
Control	4.89	0.737	0.000	19

Based on Table 5, a p -value of 0.000 was obtained, p value <0.05 , it can be concluded that there was an effect on pain intensity in the intervention group that was given the Benson relaxation technique and the control group that was not treated at H. Bekasi Hospital.

Univariate analysis

Age

Based on the analysis of age characteristics, the majority of respondents aged 20-35 years were 31 respondents (81.6%). (Potter & Perry, 2006) said that the more mature a person's age, the more mature the development of his mindset, especially in reacting to pain (coping with pain). This theory is in line with research conducted (Astutik *et al* ., 2017) obtained from 13 respondents who experienced moderate pain (65%) 10 of them were in the age range of 20-35 (69%). Young age and lack of experience in dealing with pain due to surgery makes a person less adaptive to pain so that the response shown will be non-adaptive.

Based on the results of the study, the researchers concluded that age affects the way a person reacts to pain. This is due to the developmental differences found between the two age groups. With increasing age a person shows the ability to deal with pain that is felt increases.

Education

The results of this study indicate that most of the respondents have low education of 33 respondents (86.8%). The level of education is associated with an increase in the pain scale so that if someone with a low level of education is less able to adapt to pain it is caused by a lack of coping strategies or problem solving in overcoming the pain experienced (Soares, 2012).

Formal education influences one's perception of pain (Smith *et al* ., 2014). Someone who has a high level of education will respond more rationally than someone who has a middle or low level of education so that awareness and efforts to improve health status are better in the group with high education compared to the group with middle or low education (Asri, 2006).

Based on the results of the study, the researchers concluded that the education level of the respondents had an influence on the perception and tolerance of the pain they experienced. Low knowledge can affect a person's coping strategies so that it has an impact on increasing the pain scale.

Profession

Based on the work of the respondents in this study, it was found that the majority did not work as many as 24 respondents (63.2%). Work has an important role in a person's health level (Patasik, 2013). The heavy burden that a person does related to his work can cause various diseases. Work can also influence a person's control over pain

levels because housework is a job that does not overly burden someone in doing work (Sari, 2018), different from working other than housewives because they have work demands and can cause stressors and psychological disturbances felt by mothers. Patients with emotional distress seem to be at greater risk for experiencing a higher rate of side effects after post-cesarean surgery (Montgomery, 2011).

Based on the results of the study, the researchers stated that the respondent's occupation had no effect on pain intensity because both working and non-working mothers felt *post-cesarean pain*. The only difference lies in how they perceive the pain they are experiencing.

Parity

From the research results, it was found that the highest number of parity respondents was ≥ 2 as many as 23 respondents (60.5%). Until now it has not been stated that the incidence of *sectio caesarea* is more in the number of parities so that these characteristics do not play a role in the incidence of mothers who experience *sectio caesarea* (Utami, 2016). Pain that is felt has no effect on the number of parities that have been experienced by both primiparas, multiparas, or grandemultiparas.

Pain that is felt by individuals will accept pain more easily in the future (Sukarti, 2013). The conclusion is that a lot of parity does not affect the level of pain experienced by the mother. giving birth to the first child, so the more parity of the mother, the slower the contractions and the more pain the mother experiences.

History of *Sectio Caesarea*

Based on the history of delivery by caesarean section, some of the respondents in this study did not have a history of *caesarean section delivery*, as many as 29 respondents (76.3%). If someone experiences pain of the same type, that is, they have experienced a *caesarean section*, it is easier for that person to take action to relieve and reduce pain (Potter *et al.*, 2006).

This theory is in line with research conducted by Astusti *et al.* (2017) said that young age and less experience with pain due to surgery makes a person less adaptive. The feeling of fear of the injury will make a person perceive pain more intensely so that the pain scale becomes higher.

Based on the results of the study, the researchers stated that a history of delivery with *sectio caesarea* had an influence on the ability to adapt to pain where if handling coping or solving problems was bad it would have an impact on increasing the pain scale.

Bivariate Analysis

The Influence of the Benson Relaxation Technique on Pain Intensity in Post-Sectio Caesarea Mothers

The results of research that has been carried out on changes in pain intensity in *post section caesarea mothers* at RS H Bekasi are mostly moderate pain as many as 15 people (79%) in the intervention group and 18 people (94.7%) in the control group. While the pain scale after the Benson *relaxation* technique was carried out was mild pain in 16 people (84.2%) in the intervention group. This shows that there is a significant

difference between the intensity of *post sectio caesarea pain* before and after being given the *Benson relaxation technique*, especially in the intervention group where statistical test results were obtained using the *Wicoxon Sign Rank Test* and *Mann-Whitney Test* with $p\text{ value} = 0.000$ ($p\text{ value} < 0, 05$).

Delivery by cesarean *section* can cause quite complex problems both physically, psychologically, socially, and also spiritually. (Solehati *et al.*., 2015). The physical and psychological impacts that often appear and are felt by *post sectio caesarea patients* are pain due to tissue incisions which result in tissue continuity being cut off. The pain felt in *post section caesarea mothers* will have impacts such as limited mobilization, dependent or unfulfilled bounding attachments, *Activity of Daily Living* (ADL) depends on the mother and consequently the baby's nutrition is reduced due to delays in giving IMD which will affect the immunity of the baby being born caesarean section (Afifah, 2009; Fithriana *et al.*, 2016).

Pain can be treated using pharmacological and non-pharmacological methods. Pharmacologically, pain can be treated by administering analgesic drugs including non-narcotic analgesics, NSAIDs, analgesics, narcotics and adjuvants (Andarmoyo, 2017). In addition to non-pharmacological methods that can be applied in dealing with pain, namely relaxation techniques, hypotherapy, *guided imaginary*, the use of aromatherapy, acupuncture, *Tansecio caesareautaneuos Electric Nerve Stimulations* (TENS), warm and cold compresses, and *massage* (Solehati *et al.*., 2015).

Benson's relaxation focuses on certain words or sentences that are repeated repeatedly with a regular rhythm and are accompanied by an attitude of submission to God Almighty according to the patient's beliefs so that they have a calming meaning. Benson's relaxation is effective enough to bring about a calm and relaxed state. Furthermore, the relaxed body muscles cause brain waves to slow down, finally allowing a person to rest in peace. Blood flow will be smooth, calming neurotransmitters will be released and the nervous system will work properly. (Datak, 2008 in Fithriana *et al.*., 2018).

The use of relaxation techniques will stimulate the parasympathetic nerves to inhibit the work of the sympathetic nerves or in other words reduce all functions enhanced by the sympathetic nerves. When the parasympathetic nerves increase, a person's brain and muscle tension will decrease which causes the feeling of pain to also decrease. Relaxation techniques can stimulate the body to release endogenous opioids, namely endorphins and enkephalins as inhibitors of pain transmission. When the body secretes these substances, the effect that appears is pain relief (Andarmoyo, 2017).

The results of this study are in line with Latifah *et al.* (2019) entitled the effect of Benson's relaxation on changes in pain in post-*cesarean section mothers* at dr. Soekardjo Tasikmalaya who showed the pain scale before Benson's relaxation was mostly moderate pain, namely 25 people (69.4%) in the intervention group and 23 people (63.9%) in the control group. While the pain scale after Benson's relaxation was mostly mild pain as many as 23 people (63.9%) in the intervention group, and moderate pain category in the control group as many as 22 people (61.1%).

Research is also in line with researchers Kricillia *et al.* (2020) entitled "The Effect of Benson's Relaxation Technique on Reducing Pain in *Postoperative Sectio*

Caesarea Patients at Dr. Achmad Mochtar Bukittinggi”. The number of samples used by respondents was 30 people, consisting of 15 people in the experimental group and 15 people in the control group. The results of the statistical test showed a p value = 0.000 (p value ≤ 0.05), which means that there is an effect of Benson's relaxation on reducing pain in *post sectio caesarea patients*.

Based on the explanation of the results of the study above, the researchers concluded that the Benson *relaxation technique* had an effect on reducing the intensity of pain in *post-cesarean section mothers* because the Benson relaxation given can help reduce pain responses in *post-section caesarea mothers* by stimulating the parasympathetic nerves and inhibiting the work of the sympathetic nerves. . Parasympathetic nerves are useful for reducing brain and muscle tension so that the feeling of pain is reduced.

CONCLUSION AND SUGGESTION

Conclusion

1. There was no difference in the intensity of pain in *post sectio caesarea mothers* before being given the Benson *relaxation technique* in the intervention group and the control group at RS H Bekasi.
2. There were differences in the intensity of pain in *post-sectio caesarea mothers* after being given the Benson *relaxation technique* in the intervention group and the control group at RS H Bekasi who were not given the Benson *relaxation technique* .
3. There is an effect of the Benson *relaxation technique* on the intervention group in reducing the intensity of pain in *post-cesarean mothers* at RS H Bekasi Hospital.

Suggestion

1. Further Researcher
It is hoped that researchers can apply the Benson *Relaxation technique* to *post sectio caesarea* pain directly and this research is expected to be used for the development of science in the future.
2. For Hospitals
Hospitals are expected to be able to apply this action so that collaboration between pharmacological and non-pharmacological treatment can provide maximum results in dealing with *post-sectio caesarea pain problems* as well as caring for mothers in improving the quality of service for the community.

Thank-you note

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