

LAVENDER AROMATHERAPE REDUCE POST SECTIO CAESAREA RATE IN SEMARANG CITY

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ABSTRACT

Background: Patient post Sectio Caesarea will experience pain in surgery wound. One of the action nursing to overcome it with do technique gift relaxation aromatherapy. One of the aromatherapy most liked lavender.

Research Target: Research will aim to detect influence gift aromatherapy lavender towards pain intensity in patient post Sectio Caesarea at Ayyub 1 room Roemani Hospital Semarang.

Research Method: Research kind quasi-experiment by using plan form pre - post test in a body (one - group pre test - post test design). Population in this research patient post sectio caesarea at takes at Ayyub 1 room, Roemani Hospital Semarang. Research sample as much as 35 respondents by using technique purposive sampling. Data analysis by using test wilcoxon match paired test.

Result of research: Research result shows that patient pain intensity post sectio caesarea before given gift treatment aromatherapy lavender a large part heavy category control as much as 27 respondents (77,1%) and after being given gift treatment aromatherapy lavender a large part category as much as 22 respondents (62,9%).

Conclude : There is gift influence aromatherapy lavender towards pain intensity in patient post sectio caesarea at Ayyub 1 room, Roemani Hospital Semarang with p value as big as 0,000 (< 0,05).

Suggestion : Supposed nurse can do gift treatment aromatherapy lavender alternatively therapy to decrease pain in patient post Sectio Caesarea in increase nursing care.

Keywords : aromatherapy lavender, pain

PRELIMINARY

Sectio cesarean delivery may allow for higher complications than vaginal delivery or normal delivery. Complications that may arise in the post-sectio caesarea mother such as pain in the incision area, the potential for thrombosis, the potential for decreased functional ability,

decreased elasticity of the muscles, abdominal and pelvic floor muscles, bleeding, bladder injury, infection, swelling of the lower limb, Lactation (Rustam M, 2008). Pain complained of postoperative patient Sectio Caesarea located in the incision area, caused by tissue tearing in the abdominal wall and uterine wall

(Rustam, 2008). The pain felt by Section Caesarea post will cause various problems, one of which is lactation problem. The pain will cause the patient to delay breastfeeding early in the baby, due to discomfort and increased pain levels after surgery (Coal et al, 2008). Handling is often used to decrease post section caesarea pain in the form of pharmacological treatment. Pharmacologic pain control is effective for moderate and severe pain. However, pharmacological administration is not intended to enhance the client's own ability to control his pain (Koten, 1999 in Anggorowati et al., 2007). So it takes a combination of pharmacology to control pain with non pharmacology for pain sensation can be reduced and recovery time does not elongate (Bobak, 2004). Management of non-pharmacological pain field management has not been fully done by nurses in overcoming pain. Most nurses carry out the therapeutic program results from collaboration with physicians, such as the provision of analgesics that are easy and fast in its implementation compared to the use of non-pharmacological pain management interventions (Wiknjosastro, 2005).

Pain often appears in the patient after completion of surgery, if the sufferer coughs, deep breathing or excessive body movement will arise severe pain. Severe pain is a residual symptom caused by surgery. Approximately 60% of patients suffer from severe pain, 25% moderate pain and 15% mild pain. Currently, multimodal therapy is widely used for the management of postoperative pain. The

purpose of this multimodal therapy is to increase the efficacy / effectiveness of anti-pain medication by minimizing side effects to a minimum. One of the most widely used modality therapies is aroma therapy (Asrul, 2009)

Aroma therapy is a therapy using plant-based oils that can provide a relaxing effect on the body and can improve or maintain health (Price, 2005). Aroma therapy is used for relaxation and treatment. In World War II essential oils for aroma therapy is used for treatment because at that time it was difficult to get antibiotics. The essential oil when it is used internally, is drunk or inserted into the organs of the body. In the UK, aroma therapy using essential oils is already used in a maternity hospital, ranging from for sterilization to help the delivery (Sunito, 2010).

Aroma therapy itself in Indonesia has been known for a long time, but historically only recorded in the heyday of Mataram Islamic kingdom. Notes on the use of aroma therapy are collected in the form of beauty recipes and natural fragrances called *Fiber Primbon Jampi Jawi*. It is historical evidence that our ancestors do not just pay attention to the science of body health, but about the science of body care (Jaelani, 2009) .

The flower used for aromatherapy is *lavendula* or commonly called lavender. Lavender is a flowering plant in the *lamiaceae* tribe that has 25-30 species. Lavender comes from the south-central region of tropical Africa and east to

India. Today lavender has been planted and developed around the world. Beautiful plants and small flower purple flowers have a very useful benefits for humans. Lavender aromatherapy oils are known as tranquilizers, the sedative effects of *lavandula angustifolia* due to the presence of coumarin compounds in the oil (Ogan, 2005).

Various effects of lavender scent are as antiseptic, antimicrobial, antiviral and anti fungal, analgesic, anti-inflammatory, anti-toxin, balancing agent, immunostimulan, killer and insect repellent, mukolitik and ekspektoran. Excess lavender oil compared to other essential oils is a relatively very low toxicity, rarely causing allergies and is one of the few essential oils that can be used directly on the skin (Frayusi, 2012).

Research conducted by Dasna (2014) showed that floral lavender (*Lavandula Angustifolia*) therapy effectively decreased pain scale in client of Miokard Infarction in RSUD Arifin Ahmad Pekanbaru with p value = 0,001.

Research conducted by Frayusi, (2012) lavender flower fragrance therapy (*lavandul aangustifolia*) can reduce the scale of pain greater than respondents who did not receive the therapy of lavender flower (*lavandula angustifolia*).

A preliminary study conducted at RS Roemani Semarang on 01 October 2015 obtained data post operation Sectio Caesarea in 2014 as many as 480 people. Sectio Caesarea post operative data from January to September 2015

is 362 people with an average of 40 people per month. Patients and nurses at Roemani Hospital Semarang are more likely to view medicine as a method to relieve pain compared to aroma therapy. This can be seen in nursing care notes that do not indicate the use of aromatherapy relaxation techniques for pain relief. Although the method is not a substitute for drugs, it is necessary to shorten pain lasting only a few seconds or minutes.

The results of interviews with 5 mothers, 3 of whom said that he felt uncomfortable and bored with continuous drug consumption. He also said that if he did not take drugs he was afraid, anxious and worried that the incision wound did not heal quickly. The dilemma that this happens to the mother gives encourage researchers to do further research whether there is influence of lavender aromatherapy on the intensity of pain in patients post sectio caesarea in Ayyub Room 1 RS Roemani Semarang.

METHOD

The type of research used is Quasi-experimental research using Pre-post test design in one group (one-group pre test - post test design). In this study the population is post Sectio Caesarea patients who treated in Ayyub Room 1 Roemani Hospital Semarang as many as 48 respondents. Sampling method used in this research is to use purposive sampling so that the number of samples to 35

respondents. The study was conducted in Ayyub Room 1 Roemani Muhammadiyah hospital in Semarang. Data collection tool with observation sheet. The research process took place from January 22 to March 7, 2016. Data were analyzed univariat and bivariate (Wilcoxon Match Paired Test).

The average respondent characteristic is 33 years old, mostly work as IRT 17 respondents (48,6%), S1 education as much as 16 respondents (45,7%), obstetric history mostly second pregnancy 22 respondents (62,9%), And Sectio Caesarea's Sectio Caesarea had 24 respondents (68.6%)

RESULTS AND DISCUSSION

Table 1

Distribution of Respondent Characteristics Based on Age in Ayyub Room 1 Roemani Hospital Semarang, February 2016 (n = 35)

Characteristic	Min	Max	Mean	Standar deviasi
Age	26	41	32,69	3,991

Table 2

Frequency Distribution of Respondent Characteristics Based on Job at Ayyub Room 1 Roemani Hospital Semarang, February 2016 (n = 35)

Work	Frequency	Persentase (%)
Teacher	6	17,1
House Mom	17	48,6
Officer	2	5,7
Private	8	22,9
Medical Personil	2	5,7
Total	35	100,0

Table 3

Frequency Distribution of Respondent Characteristics Based on Education in Ayyub Room 1 Roemani Hospital Semarang, February 2016 (n = 35)

Education	Frequency	Persentase (%)
Junior High School	1	2,9
High School	11	31,4
DIII	7	20,0
Bachelor	16	45,7
Total	35	100,0

Table 4
Frequency Distribution of Respondent Characteristics Based on Obstetric History in Ayyub Room 1 Roemani Hospital Semarang, February 2016 (n = 35)

Riwayat Obstetri	Frequency	Persentase (%)
Second gravida	22	62,9
third gravida	9	25,7
Fourth gravida	2	5,7
Sixth gravida	2	5,7
Total	35	100,0

Table 5
Frequency Distribution of Respondent Characteristics Based on Section Caesarea History in Ayyub Room 1 Roemani Hospital Semarang, February 2016 (n = 35)

Riwayat Sectio Caesarea	Frequency	Persentase (%)
Have no history of SC	11	31,4
Have a history of SC	24	68,6
Total	35	100,0

Table 6
Frequency Distribution of Pain Intensity Patient Post Section Caesarea Before and After Given Lavender Aromatherapy Action in Ayyub Room 1 RS Roemani Semarang, February 2016 (n = 35)

Pain Intensity	Before Treatment			After Treatment	
	Tendensi sentral	Frequency (F)	Persentase (%)	Tendensi sentral	Frequency (F) Persentase (%)
Mean	7,23			6,17	
Median	8,0			6,0	
Standar Deviasi	0,942			1,098	
Minimum	5			4	
Maximum	8			8	
No Pain		0	0,0		0 0,0
Mild Pain		0	0,0		0 0,0
Moderate pain		8	22,9		22 62,9
Severe		27	77,1		13 37,1
Severe pain (uncontrolled)		0	0,0		0 0,0
Total		35	100,0		35 100,0

Table 6 shows that prior to lavender aromatherapy the majority of severe severe painful controls were 27 respondents (77.1%) with an average pain scale of 7.23 and after

lavender aromatherapy given most moderate pain intensities were 22 respondents (62.9 %) With an average pain scale of 6.17. There was a moderate increase in pain after lavender

aromatherapy administration of 14 respondents and a decrease in the intensity of controlled pain after lavender aromatherapy was 14 respondents. Respondents who experienced moderate pain remained a moderate pain as

many as 8 respondents while the respondents who experienced severe controlled pain remained a controlled severe pain as many as 13 respondents.

Table 7

The Effect of Lavender Aromatherapy on Pain Intensity In Post Patients Sectio Caesarea In Ayyub Room 1 Roemani Hospital Semarang, February 2016 (n = 35)

Variable	Result	N	Mean Rank	Value
Intensity of pain before given lavender aromatherapy-	Decline	25	13,00	0,000
Intensity of pain after lavender aromatherapy was given	Enhancement	0	0,00	
	Permanent	10		
Total		35		

Table 7 shows that the respondents experienced a decrease in pain intensity after lavender aromatherapy was given by 25 respondents, no respondents experienced an increase in pain intensity, while respondents who experienced intensity of pain remain after lavender aromatherapy given as many as 10 respondents. Wilcoxon test match pair test results obtained p value = 0.000 then H_0 is rejected and H_a accepted meaning there is a meaningful influence of aromatherapy lavender to the intensity of pain in patients post Sectio Caesarea In Ayyub Room 1 RS Roemani Semarang

DISCUSSION

The result showed that most of the respondents had severe control pain as much as 27 respondents (77,1%) and moderate pain as many as 8 respondents (22,9%) before giving aroma of lavender therapy. This is in accordance with the opinion of Potter who said that surgery can lead to postoperative pain

level on the client (Potter & Perry, 2005). This condition is corroborated by Smeltzer which states that one of the physiological responses that occur when a person undergoes surgery is the onset of pain due to an incision (Smeltzer & Bare, 2007).

The results after lavender aromatherapy were given to the pain intensity in post-Sectio Caesarea patients were moderate pain (22%) (62.9%) and controlled pain (13.13%). This is influenced by several things including the meaning of pain, pain perception, pain tolerance, and reaction to pain. The meaning of pain for a person has many differences and almost some sense of negative pain, such as harmful harm. This situation is influenced by several factors such as age, gender, socio-cultural background, environment and experience (Alimul Aziz, 2009).

Pain perception is a very subjective assessment precisely on the cortex. This perception is

influenced by factors that can trigger nociceptor stimulation. This pain tolerance is closely related to the intensity of pain that can affect increased tolerance of pain, among others, alcohol, drugs, hypnosis, friction or scratching, a strong distraction of trust. While the factors that reduce tolerance include fatigue, anger, boredom, anxiety, pain that never goes away, sick. The reaction to pain is a form of a person's response to pain, such as fear, anxiety, anxiety, crying, and screaming (Alimul Aziz, 2009).

The results of the research before and after given lavender aromatherapy there were no respondents who experienced low-grade pain. This is because many postpartum patients of Sectio Caesarea complain of pain caused by incisions and stitches, other than that the wound is quite long and deep. In accordance with the theory according to Walley (2008) which states that the operation of Sectio Caesarea there are 7 layers of the stomach to be slashed. While during the process of wound closure, the 7 layers are sewn one by one using some kind of sewing thread. The pain in the incision area is very disturbing and the patient is uncomfortable.

The results of wilcoxon test analysis, obtained p value $0.000 < (0,05)$, it can be concluded that there is a significant influence between the intensity of pain before and after aroma therapy given lavender in Ayyub Room 1 RS Roemani Semarang. This suggests that by administering aroma of lavender therapy in post-sectio caesarea patients had an effect on

decreasing the intensity of pain and experiencing differences after lavender therapy was given.

The results of this study also proved that the provision of aroma therapy lavender able to affect changes in the intensity of post-sectio caesarea pain with a short time. If the use is appropriate and appropriate in its provisions and its concentration is well controlled. The results of the research have supported the theory of Potter & Perry (2005) previously stated that giving aroma therapy can change perception and affective motivation and can give individual self-control when pain, physical stress and emotion in pain)

CONCLUSION

Intensity of post Sectio Caesarea patient's pain before giving lavender aromatherapy action in Ayyub Room 1 RS Roemani Semarang most of controlled weight category was 27 respondents (77,1%). Intensity of post Sectio Caesarea patient pain after giving lavender aromatherapy treatment in Ayyub Room 1 RS Roemani Semarang mostly medium category as much 22 respondents (62,9%). There is influence of lavender aromatherapy on the intensity of pain in post Sectio Caesarea patient in Ayyub Room 1 RS Roemani Semarang with p value of $0.000 (<0,05)$.

SUGGESTION

The results of the study are expected nurses can perform lavender aromatherapy treatment as an alternative treatment to reduce pain in patients post Sectio Caesarea in improving

nursing care. Recommendations for hospitals in providing nursing care to be included in the guidelines for the preparation of SOP pain management at Roemani Hospital Semarang and can be used as a treatment of Thibun Nabawi which is being developed as an alternative herbal medicine based on the teachings of the prophet. It is expected that patients are able to apply the way of handling pain at home by using lavender aromatherapy. The results of this study can be a development program in nursing science in maternity subjects by applying non-pharmacology therapy namely lavender aromatherapy as a treatment of pain.

It is expected that follow-up to conduct research using different methods and variables so that it can produce better research, for example by using other means and fragrances such as: dioles, burned, sprayed, researchers can then use a sample of postoperative patients other than Sectio Caesarea And using lavender aromatherapy is not only for pain but can be used to reduce anxiety.

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