

The effectiveness of the rebozo technique and the zilgrei method on labor pain during the active phase I in mothers giving birth

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ABSTRACT

Uncontrolled labor pain causes poor blood circulation to the placenta, resulting in fetal hypoxia and threatening the mother's safety. The hospital has never provided Rebozo technique therapy and the Zilgrei method to mothers in labor. The research analyzed the effectiveness of the Rebozo technique and the Zilgrei method for labor pain in the active phase of the first stage. This type of research is quasi-experimental and Nonequivalent Control Group Design. The population is primigravida mothers giving birth normally from January to September 2023, totaling 385 people with a monthly average of 40 people. The Lameshow formula sample was obtained by 34 people including the intervention and control groups, 17 people each. The results showed that the pain before being given the Rebozo technique was 6 while after being given the Rebozo technique it was 5. The pain before being given the Zilgrei method was 6 while after being given the Zilgrei method it was 5. The Rebozo technique was effective in reducing labor pain in the active phase of the first stage (p value 0.000). The Zilgrei method is effective in reducing pain in the first stage of labor (p value 0.000). There is no difference in the effectiveness of the Rebozo technique and the Zilgrei method for labor pain in the active phase of the first stage (p value 0.985). It can be concluded that the Rebozo and Zilgrei methods can be an alternative to reduce labor pain.

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INTRODUCTION

Childbirth is a process of opening and thinning of the cervix and the fetus descending into the birth canal. Apart from that, it is also said that normal delivery is a process of expulsion of the fetus that occurs at term pregnancy (37-42 weeks) and is born spontaneously with a back of the head presentation without complications for both mother and fetus. The weight of the baby's head as it moves down the birth canal will cause pressure. This is what causes pain in the mother, the most dominant pain felt by the mother is during the first active phase (Irawati et al., 2019).

In the first stage, the pain felt will become stronger and more intense over a relatively long period of time, the pain felt will become heavier, sharper and accompanied by widespread pain if you have entered the active phase of labor. (DP Sari et al., 2018), the longer and more often it has the potential to make the mother restless and anxious (Ayu & Supliyani, 2019).

Data on labor pain in Iran from a study reported that 37% of women chose caesarean section because they felt anxious and afraid of labor pain (Tanjung & Antoni, 2019). Research in Australia reports that the level of labor pain in women will differ based on each opening, at 0-3 cm opening the pain is moderate, 4-7 cm opening is severe pain and opening > 8 cm is unbearable (SD Sari & Octaviany, 2020). Research in the UK shows that 93.5% of women described the pain as unbearable. Most (90%) labor is accompanied by pain. The incidence of pain in 2,700 women giving birth, 15% experienced mild pain, 35% with moderate pain, 30% with severe pain and 20% of labor accompanied by very severe pain (Rahmawati et al., nd).

2017 IDHS survey, 53.5% experienced labor accompanied by anxiety or severe pain (Hariyanti & Astuti, 2021). If this labor pain is not managed properly, it will worsen the maternal mortality rate which has not yet reached the national target of 359 per 100,000 KH. The Maternal Mortality Rate (MMR) in East Kalimantan in 2017 was 110 per 100,000 live births (Hatini, 2019). The results of research at a clinic in East Kalimantan Province showed that 80% of respondents said they experienced severe pain (consisting of 60% primigravida and 20% multigravida) (Pasiriani & Juniawati, 2020). This data shows that labor pain is higher in primigravida mothers.

Childbirth itself goes through 4 stages or 4 periods (Puspitasari & Hukmilah, 2022). Stage I for primigravidas can last up to 12 hours, where stage I normally lasts 6 hours in primigravidas, whereas in multigravidas stage I lasts 8 hours. (Manik et al., nd). Mothers will feel discomfort and pain as labor progresses (Dina et al., 2023). The intensity of the pain felt depends on several factors, such as the intensity and duration of uterine contractions, the size of the opening of the cervix, the stretch of the lower birth canal, age, parity and number of children who have been born, the size of the fetus and the psychological condition of the mother. This includes fatigue and lack of sleep which can affect the mother's tolerance for pain (Suyani, 2020).

If labor pain is not managed with good pain management, it will cause prolonged labor and cause bleeding in the mother and will further impact the baby with afexia and can cause death in the mother and baby. (Mishra et al., 2019). Apart from that, it is necessary to make pain management efforts to reduce pain so that the incidence of caesarean section without indication can be reduced (Nufra & Azimar, 2019).

One effort to help provide birth without pain is by exploring and applying pain reduction methods (Azizah et al., 2021). One technique that can be used to reduce pain during labor in a simple, practical way that midwives can use is using the Rebozo technique and the Zilgrei method. According to research (Nurpratiwi et al., 2020) One of the non-pharmacological methods that is believed to reduce pain in mothers giving birth during the first active phase is by applying the Rebozo technique. The results of research using this technique show its effectiveness in diverting labor pain during the first active phase. The Rebozo technique itself is a technique that originates from Latin America. It involves the gently controlled movement of the birthing woman's hips side by side using a specially woven scarf, and is performed well by a midwife or other support person (Eprila et al., 2022).

Apart from that, there are other non-pharmacological methods that can reduce pain caused by the active phase of first stage labor, namely the Zilgrei technique. According to research (Yuliandari et al., 2020), the Zilgrei technique has proven to be effective in reducing labor pain by combining movement, position changes, breathing exercises and light massage prepared from the first stage of labor. Preliminary study of birth data at RSUD dr. Abdul Rivai Berau in January-September 2023 there were 1,854 mothers giving birth with normal births numbering 1,223 women giving birth and normal primigravida births there were 358 women giving birth, so that on average there were 40 women giving birth every month for normal primigravida births (Yuniar et al., 2021)

(Data from RSUD Dr. Abdul Rivai Berau, 2023). From the data on normal births, all primigravidas experienced pain during labor, especially during the first stage of the active phase. Initial interviews conducted by researchers on 10 mothers giving birth normally, primigravidas in the first stage of the active phase, there were 10 mothers who gave birth who said they had pain in the stomach, waist, back and radiated to the spine, the mothers also said they felt pain which caused the patient to be anxious, restless and panicked during labor process so that a caesarean section is requested. Judging from the pain scale, 3 mothers in labor experienced mild pain, 4 mothers in labor experienced moderate pain, and 3 mothers in labor experienced controlled severe pain. Some of them did not understand how to deal with labor pain, and some mothers in labor said that the way to deal with or reduce the pain was with easy and traditional things such as compressing with warm water and rubbing the back. However, it cannot be denied that there are also mothers who consume traditional medicines to treat pain, of course the contents of these medicines do not guarantee their health and future impacts. Dr. Hospital Abdul Rivai Berau himself has never provided non-pharmacological therapy such as the Rebozo technique and the Zilgrei method to mothers who give birth, so the patient continues to feel pain during labor (Afrityeni, 2017). This research will apply and compare the Rebozo technique and the Zilgrei method for mothers in labor to reduce pain during the active phase of first stage labor at RSUD dr. Abdul Rivai Berau.

RESEARCH METHOD

The variables studied in this research consist of independent variables, namely the rebozo technique and the zilgrei method. And the dependent variable is labor pain during the first active phase of the mother giving birth.

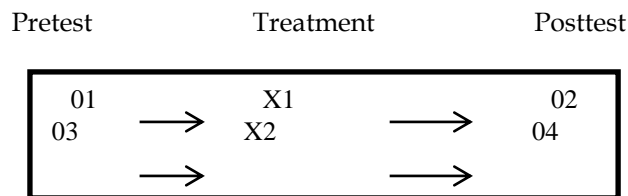


Figure 1. Research design

Information:

- 01 : Measurement of the group's initial pain level using the rebozo technique
- 02 : Measurement of the group's final pain level using the rebozo technique
- X1 : Providing Treatment Rebozo Technique (treatment)
- X2 : Providing Treatment Zilgrei method (treatment)
- 03 : Measurement of the group's initial pain level zilgrei method
- 04 : Measurement of group final pain levels using the Zilgrei method

The population in this study were primigravida mothers with normal deliveries at RSUD dr. Abdul Rivai Berau in January-September 2023 numbered 385 people with an average of 40 people per month. The total sample was 34 people. The intervention group samples have odd numbers and the control group samples have even numbers. The following is the treatment given to each group: a) intervention group: primigravida normal birth mothers at RSUD dr. Abdul Rivai Berau who was given the Rebozo technique numbered 17 people; b) control group: primigravida normal birth mothers at RSUD dr. Abdul Rivai Berau who was given the Zilgrei method numbered 17 people. Data analysis using a quantitative approach includes Normality Test, Univariate Analysis, Bivariate Analysis using SPSS 23.

RESULTS AND DISCUSSIONS

Research result

Univariate Analysis

Labor pain in the first stage of the active phase before and after being given the Rebozo technique to women giving birth at RSUD dr. Abdul Rivai Berau.

Identify scores labor pain in the first stage of the active phase before and after being given the Rebozo technique to women giving birth at RSUD dr. Abdul Rivai Berau, can be seen in the following table:

Table 1. Score labor pain in the first stage of the active phase before and after being given the Rebozo technique to women giving birth at RSUD dr. Abdul Rivai Berau

Score	f	Median	Min	Mak	Std. Deviation
Pre-test	17	6	5	7	0.686
Post test	17	5	4	6	0.659

Source: Primary Data, 2023

Table 1 shows that score labor pain in the first stage of the active phase before being given the Rebozo technique to mothers giving birth at RSUD dr. Abdul Rivai Berau with a median value of 6; minimum score of 5; The maximum value is 7 and the standard deviation is 0.686. Whereas score labor pain in the first stage of the active phase after being given the Rebozo technique to women giving birth at RSUD dr. Abdul Rivai Berau with a median value of 5; minimum score of 4; The maximum value is 6 and the standard deviation is 0.659. This shows a decrease in the median score labor pain in the first stage of the active phase after being given the Rebozo technique to women giving birth at RSUD dr. Abdul Rivai Berau is 1.

Labor pain in the first stage of the active phase before and after being given the Zilgrei method to women giving birth at RSUD dr. Abdul Rivai Berau.

Identify scores labor pain in the first stage of the active phase before and after being given the Zilgrei method to women giving birth at RSUD dr. Abdul Rivai Berau, can be seen in the following table:

Table 2. Score labor pain in the first stage of the active phase before and after being given the Zilgrei method to women giving birth at RSUD dr. Abdul Rivai Berau

Score	F	Median	Min	Mak	Std. Deviation
Pre-test	17	6	5	7	0.781
Post test	17	5	4	6	0.748

Source: Primary Data, 2023

Table 2 shows that score labor pain in the first stage of the active phase before being given the Zilgrei method to mothers giving birth at RSUD dr. Abdul Rivai Berau with a median value of 6; minimum score of 5; The maximum value is 7 and the standard deviation is 0.781. Whereas score labor pain in the first stage of the active phase after being given the Zilgrei method to mothers giving birth at RSUD dr. Abdul Rivai Berau with a median value of 5; minimum score of 4; The maximum value is 6 and the standard deviation is 0.748. This shows a decrease in the median score labor pain in the first stage of the active phase after being given the Zilgrei method to women giving birth at RSUD dr. Abdul Rivai Berau is as big as

Bivariate Analysis

Before carrying out bivariate analysis, a normality test was carried out using Shapiro Wilk, which can be seen in the following table:

Table 3. Normality test results

	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistics	df	Sig.	Statistics	df	Sig.
Pre test Rebozo	0.260	17	0.003	0.789	17	0.001
Post test Rebozo	0.300	17	0.000	0.798	17	0.002
Pre test Zilgrei	0.224	17	0.024	0.812	17	0.003
Post test Zilgrei	0.237	17	0.012	0.819	17	0.004

Source: Primary Data, 2023

Table 3 seen from Shapiro Wilk shows that in the Rebozo pre test the sig value is $0.001 < 0.05$, meaning the data is not normally distributed, the Rebozo post test sig value is $0.002 < 0.05$, meaning the data is not normally distributed, the Zilgrei pre test sig value is $0.003 < 0.05$ This means that the data is not normally distributed, the Zilgrei post test has a sig value of $0.004 < 0.05$, meaning that the data is not normally distributed, because there is data that is not normal, the data analysis tool uses the alternative Wilcoxon and Mann Whitney U tests.

EThe effectiveness of the Rebozo technique for labor pain in the active phase of first stage in mothers giving birth at RSUD dr. Abdul Rivai Berau.

For analyze The effectiveness of the Rebozo technique on labor pain in the first active phase of labor in women giving birth at RSUD dr. Abdul Rivai Berau based The non-parametric bivariate analysis used was the Wilcoxon test, can be seen in the table below:

Table 4. The effectiveness of the Rebozo technique on labor pain in the active phase of first stage in mothers giving birth at RSUD dr. Abdul Rivai Berau

Variable	N	Positive Rank	Negative Ranking	Ties	Sig	Z
Rebozo technique for labor pain during the first active phase	17	0	16	1	0,000	-3,624

Source: Primary Data, 2023

Based on table 4, research results regarding the effectiveness of the Rebozo technique on labor pain in the active phase of first stage in mothers giving birth at RSUD dr. Abdul Rivai Berau obtained a negative rank of 16 people, meaning that 16 respondents after giving the Rebozo technique experienced a decrease in labor pain during the first active phase and ties by 1 person, meaning that there was 1 respondent after administering the Rebozo technique that did not experience a decrease in labor pain during the first active phase or the score remained the same. . The Z value obtained is -3.624 with a p value of $0.000 < 0.05$ so the hypothesis decision is to accept H_a which means Rebozo technique is effective in reducing labor pain during the first active phase of labor in mothers giving birth at RSUD dr. Abdul Rivai Berau.

EThe effectiveness of the Zilgrei method for labor pain in the active phase of first stage in mothers giving birth at RSUD dr. Abdul Rivai Berau.

For analyze The effectiveness of the Zilgrei method for labor pain in the active phase of first stage in women giving birth at RSUD dr. Abdul Rivai Berau based The non-parametric bivariate analysis used was the Wilcoxon test, can be seen in the table below:

Table 5. The effectiveness of the Zilgrei method for labor pain in the active phase of first stage in mothers giving birth at RSUD dr. Abdul Rivai Berau

Variable	N	Positive Rank	Negative Ranking	Ties	Sig	Z
Zilgrei method for labor pain in the active phase of the first stage	17	0	16	1	0,000	-3,704

Source: Primary Data, 2023

Table 5 results of research regarding the effectiveness of the Zilgrei method for labor pain in the first active phase of labor in mothers giving birth at RSUD dr. Abdul Rivai Berau obtained a negative rank of 16 people, meaning that 16 respondents after giving the Zilgrei method experienced a decrease in labor pain in the first stage of the active phase and ties by 1 person, meaning that there was 1 respondent after giving the Zilgrei method that did not experience a decrease in labor pain in the first stage of the active phase or the score remained the same. The Z value obtained is -3.704 with a p value of $0.000 < 0.05$ so the hypothesis decision is to accept H_a which means the Zilgrei method effective in reducing labor pain during the first active phase of labor in mothers giving birth at RSUD dr. Abdul Rivai Berau.

The effectiveness of the Rebozo technique and the Zilgrei method for labor pain in the active phase of first stage in mothers giving birth at RSUD dr. Abdul Rivai Berau.

Comparison of the effectiveness of the Rebozo technique and the Zilgrei method for labor pain in the active phase of first stage in mothers giving birth at RSUD dr. Abdul Rivai Berau uses Mann Whitney U, which can be seen in the following table:

Table 6. Comparison The effectiveness of the Rebozo technique and the Zilgrei method for labor pain in the active phase of first stage in mothers giving birth at RSUD Dr. Abdul Rivai Berau

Measurement	Measurement	Median	Median Difference	z	p
Post Test	Rebozo Technique	5	0	-0.019	0.985
	Zilgrei method	5			

Source: Primary Data, 2023

Table 6 shows the median difference in labor pain during the first active phase of mothers giving birth at RSUD dr. Abdul Rivai Berau in the Rebozo technique group and the Zilgrei method group after being given the Rebozo technique and Zilgrei method was 0 and the p value was $0.985 > 0.05$, which means There isn't any Differences in the effectiveness of the Rebozo technique and the Zilgrei method for labor pain in the active phase of first stage in mothers giving birth at RSUD dr. Abdul Rivai Berau. Therefore, H_a is rejected and H_0 is accepted There isn't any Differences in the effectiveness of the Rebozo technique and the Zilgrei method for labor pain in the active phase of first stage in mothers giving birth at RSUD dr. Abdul Rivai Berau.

Discussion

Labor pain in the first stage of the active phase before and after being given the Rebozo technique to mothers giving birth at RSUD dr. Abdul Rivai Berau.

Based on the research results, it is known that score labor pain in the first stage of the active phase before being given the Rebozo technique to mothers giving birth at RSUD dr. Abdul Rivai Berau with a median value of 6; minimum score of 5; The maximum value is 7 and the standard deviation is 0.686. Where as score labor pain in the first stage of the active phase after being given the Rebozo technique to women giving birth at RSUD dr. Abdul Rivai Berau with a median value of 5; minimum score of 4; The maximum value is 6 and the standard deviation is 0.659. This shows a decrease in the median score labor pain in the first stage of the active phase after being given the Rebozo technique to women giving birth at RSUD dr. Abdul Rivai Berau is 1.

Previous research conducted by Wijayanti et al., (2023) showed that there was a decrease in labor pain during the first active phase after administration the Rebozo technique in primiparous women was compared of 0.87. This shows a decrease in labor pain during the first active phase after administration The Rebozo technique was more common in previous research compared to this research, the difference is 1.

Study Rahmawati et al., (2023) showed that the pain intensity score on the pretest was 6.90 and posttest Rebozo technique where the pain intensity score was 4.33, with a decrease of 2.57. This

shows a decrease in labor pain during the first active phase after administration Rebozo technique is more common in this study (difference 1) compared to previous research (difference 2.57), so this research is better than previous research.

Researchers assume that there is a decrease in labor pain stage I active phase after being given the Rebozo technique to women giving birth at RSUD dr. Abdul Rivai Berau. This is due to technique Rebozo helps the muscles and muscle fibers in the uterine ligaments relax so that it can reduce pain during contractions and can create positive psychological effects.

Labor pain in the first stage of the active phase before and after being given the Zilgrei method to women giving birth at RSUD dr. Abdul Rivai Berau.

The research results show that score labor pain in the first stage of the active phase before being given the Zilgrei method to mothers giving birth at RSUD dr. Abdul Rivai Berau with a median value of 6; minimum score of 5; The maximum value is 7 and the standard deviation is 0.781. Whereas score labor pain in the first stage of the active phase after being given the Zilgrei method to mothers giving birth at RSUD dr. Abdul Rivai Berau with a median value of 5; minimum score of 4; The maximum value is 6 and the standard deviation is 0.748. This shows a decrease in the median score labor pain in the first stage of the active phase after being given the Zilgrei method to mothers giving birth at RSUD dr. Abdul Rivai Berau is 1.

In accordance with previous research conducted by (Adinatha & Munafiah, 2022) show that a decrease (reduction) in the before and after values means that all respondents experienced this labor pain in the first stage of the active phase experienced a decrease in the intensity of labor pain in the first stage of the active phase using a combination of the Zilgrei method and lavender aromatherapy. The pre-test pain intensity level was 8 and the post-test was 4, so the difference was 4. This shows that in this study the difference in pain reduction of 1 was better than the previous study of 4. Study (Wijayanti & Safitri, 2022) show that a decrease (reduction) in the before and after values means that all respondents experienced this labor pain in the first stage of the active phase experienced a decrease in the intensity of labor pain in the first stage of the active phase using the Zilgrei method.

Study (Janah, 2021) show that a decrease (reduction) in the before and after values means that all respondents experienced this labor pain in the first stage of the active phase experienced a decrease in the intensity of labor pain in the first stage of the active phase using a combination of the Zilgrei method.

A non-pharmacological method that can be used to reduce pain during labor is simple, practical and can be used by midwives, namely using the method Zilgrei. According to research (Wulandari et al., 2017), the Zilgrei technique has proven to be effective in reducing labor pain which combines movement, position changes, breathing exercises and light massage prepared from the first stage of labor (Husnida et al., 2022). Researchers assume that there is a decrease in labor pain stage I active phase after being given the Zilgrei method to women giving birth at RSUD dr. Abdul Rivai Berau.

The effectiveness of the Rebozo technique for labor pain in the active phase of first stage in mothers giving birth at RSUD dr. Abdul Rivai Berau.

Based on the research results, it is known that The effectiveness of the Rebozo technique on labor pain in the active phase of first stage in women giving birth at RSUD dr. Abdul Rivai Berau obtained a negative rank of 16 people, meaning that 16 respondents after giving the Rebozo technique experienced a decrease in labor pain during the first active phase and ties by 1 person, meaning that there was 1 respondent after administering the Rebozo technique that did not experience a decrease in labor pain during the first active phase or the score remained the same. . The Z value obtained is -3.624 with a p value of $0.000 < 0.05$.

In accordance with previous research conducted by Wijayanti et al., (2023) shows that there is an influence Rebozo technique for labor pain in the active phase of first stage in primiparous

women with p value $0.000 < 0.05$ and there was a negative rank of 15 people, meaning that 15 respondents after administering the Rebozo technique experienced a decrease in labor pain during the first active phase and there were no ties. Researchers assume that there is an influence Rebozo technique for labor pain in the first active phase of labor in mothers giving birth at RSUD dr. Abdul Rivai Berau. This is because controlled movement Rebozo technique helps move the hips or swing them slightly from side to side. This movement puts pressure on the lumbosacral bone, allowing these pain impulses to be blocked by stimulating the large diameter nerve.

The effectiveness of the Zilgrei method for labor pain in the active phase of first stage in mothers giving birth at RSUD dr. Abdul Rivai Berau.

Based on the research results, it is known that the effectiveness of the Zilgrei method for labor pain in the first active phase of labor in mothers giving birth at RSUD dr. Abdul Rivai Berau obtained a negative rank of 16 people, meaning that 16 respondents after giving the Zilgrei method experienced a decrease in labor pain during the first active phase and ties by 1 person, meaning that there was 1 respondent after administering the Zilgrei method that did not experience a decrease in labor pain during the first active phase or the score remained constant. The Z value obtained is -3.704 with a p value of $0.000 < 0.05$ so the hypothesis decision is to accept H_a which means the Zilgrei method is effective in reducing labor pain during the first active phase of labor in mothers giving birth at RSUD dr. Abdul Rivai Berau.

In accordance with previous research conducted by (Adler et al., 2020) shows that there is the effect of giving a combination of the Zilgrei method and lavender aromatherapy on the intensity of labor pain in the active phase of the first stage with a p value of $0.000 < 0.005$.

Researchers assume that there is an influence Zilgrei method for labor pain in the first active phase of labor in mothers giving birth at RSUD dr. Abdul Rivai Berau. This is because the Zilgrei method consists of breathing exercises, movements and positions that can make the pelvic muscles align and delivery can run smoothly. This method hopes that the interrelated pelvic muscles work in harmony so that the cervix is not stiff, and there is potential for the uterine muscles to push the fetus towards the birth canal and help become relaxed and eventually the pain decreases.

The effectiveness of the Rebozo technique and the Zilgrei method for labor pain in the active phase of first stage in mothers giving birth at RSUD dr. Abdul Rivai Berau.

Based on the research results, it is known that the median difference in labor pain during the first active phase of mothers giving birth at RSUD Dr. Abdul Rivai Berau in the Rebozo technique group and the Zilgrei method group after being given the Rebozo technique and Zilgrei method was 0 and the p value was $0.985 > 0.05$, which means there isn't any differences in the effectiveness of the Rebozo technique and the Zilgrei method for labor pain in the active phase of first stage in mothers giving birth at RSUD dr. Abdul Rivai Berau. Therefore, H_a is rejected and H_0 is accepted. There isn't any differences in the effectiveness of the Rebozo technique and the Zilgrei method for labor pain in the active phase of first stage in mothers giving birth at RSUD dr. Abdul Rivai Berau.

Previous research conducted by (Yulizawati et al., 2019) shows that there is a difference. The effect of the combination of the Zilgrei method and lumbar massage on the progress of the first stage of labor in the latent phase in primigravida. Study (Maryati & Nursitiharoh, 2023) shows that there is a difference in the effectiveness of the Rebozo and Effleurage techniques in reducing contraction pain during labor. Meanwhile research (Bahrum et al., 2023) shows that there is no difference in influence acupressure and Rebozo in reducing labor pain in mothers undergoing labor at the Independent Midwife Practice in Gowa Regency.

Researchers assume that there isn't any differences in the effectiveness of the Rebozo technique and the Zilgrei method for labor pain in the active phase of first stage in mothers giving birth at RSUD dr. Abdul Rivai Berau. This is because this Rebozo technique can anatomically press

the lumbar area to the coccyx with the stimulus of this Rebozo technique which can cause stretching of the pelvic muscles and release endorphins in the blood, and help regulate contractions and restore balance during the birthing process so that pain decreases. Likewise, Zilgrei's method is more about providing the opposite message which is stronger, faster and travels along small nerve fibers. This opposing message closes the gates in the substantia gelatinosa and then blocks pain messages, then these messages affect the limbic system as the center of a person's emotions.

CONCLUSION

From the results of research and discussion regarding the effectiveness of the Rebozo technique and the Zilgrei method for labor pain in the first active phase of labor in mothers giving birth at RSUD dr. Abdul Rivai Berau, concluded that there was a decrease in labor pain during the first active phase after being given the Rebozo technique to mothers giving birth at RSUD dr. Abdul Rivai Berau, there was a decrease in labor pain during the first active phase after being given the Zilgrei method to mothers giving birth at RSUD dr. Abdul Rivai Berau, the Rebozo technique is effective in reducing labor pain during the first active phase of labor in mothers giving birth at RSUD dr. Abdul Rivai Berau, the Zilgrei method is effective in reducing labor pain during the first active phase of labor in mothers giving birth at RSUD dr. Abdul Rivai Berau. There is no difference in the effectiveness of the Rebozo technique and the Zilgrei method for labor pain in the first stage of the active phase in mothers giving birth at RSUD dr. Abdul Rivai Berau. This research compares the Rebozo technique and the Zilgrei method, does not pay attention to the patient's condition such as opening or the head is still high, the Rebozo technique should be given according to Munafiah's theory (2020) there is an effectiveness of giving the Rebozo technique to the opening of the cervix and decreasing the fetal head in laboring women in the first phase of the active phase and the Rebozo technique is very beneficial to the progress of labor, so further research is expected to pay attention to how to compare this technique by paying attention to the patient's condition.

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