



**THE EFFECT OF PRENATAL MASSAGE ON BACK PAIN IN
PREGNANT WOMEN IN THE THIRTY TRIMESTER IN
INDEPENDENT MIDWIFE PRACTICE
(PMB) SITI AISAH, PAGAR DEWA DISTRICT
WEST LAMPUNG DISTRICT**

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ABSTRACT

This study aims to determine the effect of prenatal massage on back pain in pregnant women in the third trimester at the Siti Aisah Independent Midwife Practice (PMB), Pagar Dewa District, West Lampung Regency in 2024. This study was motivated by the high prevalence of pregnant women experiencing low back pain (LBP) in Pagar Dewa District, which is estimated to reach 65%. Management to reduce lower back pain can be done with prenatal massage, which is a massage specifically designed for pregnant women to improve blood circulation and reduce complaints that are often experienced by pregnant women. The research method used was a pre-experimental design with a one group pretest posttest approach. The study population consisted of 34 pregnant women in the third trimester at PMB Siti Aisah, with a sample of 18 respondents selected using the purposive sampling technique. Data were collected through observation sheets and analyzed using univariate and bivariate statistical tests (Wilcoxon test). The results showed that the average level of back pain in pregnant women before the intervention was 5.3, and after being given intervention with prenatal massage decreased to 2.8 with a decrease of 2.5 (p-value = 0.000). Based on these results, it is recommended that midwives can apply prenatal massage in their practice to provide non-pharmacological therapy in overcoming back pain in pregnant women.

Keywords: Pregnant women in the third trimester, Back pain, Prenatal Massage

INTRODUCTION

Physical changes that occur sometimes even cause discomfort for the mother, one of which is lower back pain. Lower back pain in pregnant women occurs in the third trimester of pregnancy

which is related to increased body weight due to uterine enlargement and stretching of the supporting muscles, because of the relaxant hormone (a hormone that makes muscles relax and limp) produced, acute pain that is poorly managed increases the risk of persistent pain, reduces quality of life and increases the use of curative health services. (Nuraini, 2021).

Back pain usually increases in intensity as the pregnancy progresses because this pain is the result of shifts in the center of gravity and body posture. Improper posture will force additional stretching and fatigue on the body, especially in the spine, which will cause pain or soreness in the back of pregnant women. The result of severe pain causes a reflex reaction in the lumbodorsal muscles, especially the erector spine muscles at L4 and L5, resulting in an increase in localized tone (spasm) as a "guard" against movement.(Ayuisma, 2020).

The prevalence of back pain in pregnant women is more than 50% in the United States, Canada, Iceland, Turkey, Korea, and Israel. While in non-Scandinavian countries such as North America, Africa, the Middle East, Norway, Hong Kong and Nigeria the prevalence is higher, ranging from 21% to 89.9%.(Aprillia, 2018). The results of research on pregnant women in various regions in Indonesia reached 60-80% of pregnant women experiencing back pain during their pregnancy.(Faradilla, 2021). In Lampung Province, around 58% of all pregnant women experience back pain.

In Indonesia, it was found that 68% of pregnant women experience moderate back pain, and 32% of pregnant women experience mild back pain. Based on the 2018 Indonesian Health Data Profile report, there were 5,283,165 pregnant women in Indonesia experiencing back pain, in the Lampung Province area, there were 168,098 pregnant women experiencing back pain.(Ministry of Health of the Republic of Indonesia, 2023). In Pagar Dewa District, pregnant women who experience low back pain are estimated at around 65% out of 100%.

Other predisposing factors for back pain are related to weight gain, changes in posture due to uterine enlargement, previous back pain and repetitive straining. Back pain can occur due to pressure on the back muscles or shifting of the spine causing pressure on the joints. As the uterus enlarges, the center of gravity in pregnant women will shift forward. This shift will cause the mother to have to adjust her standing position. These body changes can trigger an overtime curve (lordosis) and a compensatory curve of the thoracic spine (kyphosis).(Gultom, 2005).

Efforts to reduce pain can use pharmacological and non-pharmacological methods. Pharmacological therapy by giving anti-pain drugs (analgesics) to pregnant women is recommended by doctors and non-pharmacological therapy can be done by health workers or the patient's family. Some non-pharmacological pain reduction methods that can be done by massage, therapeutic touch, guided imagery, hydro therapy, acupressure and acupuncture. Non-pharmacological therapy has the advantage of being cheaper, simpler, more effective and does not cause adverse effects. Various complementary techniques that can be applied to the treatment of lower back pain in pregnancy that have been developed include pregnancy gymnastics, yoga, frequent rest, exercise, warm water compresses, kinesiotaping, massage, acupuncture, Transcutaneous Electrical Nerve Stimulation (TENS), aromatherapy, relaxation, and herbs. Sometimes drugs such as acetaminophen are also used(Cahyani et al., 2020), massage therapy (61.4%), relaxation (42.6%), chiropractic (36.6%), acupuncture (44.6%), yoga (40.6%) and acupressure(Maryati & Yanti, 2024), it can be concluded that massage therapy is more effective in reducing back pain complaints when compared to other interventions.

Management to reduce low back pain (LBP) according toJudha, et al. (2012), can be done with Prenatal Massage. Massage is done to reduce the intensity of pain, produce relaxation and improve circulation which is done by applying pressure using the hands on soft tissue, tendons,

or ligaments without changing the position of the joints. Prenatal Massage Therapy is considered a "Closed Gate" because it stimulates large diameter nerves, namely beta A fibers, so that the body does not feel pain.(Judha, et al., 2012).

Prenatal Massage also has side effects and risks if done without preparation, including pain, allergies, bruising, and swelling. Therefore, as health workers, especially midwives, before performing Prenatal Massage, they must pay attention to the contraindications of the intervention, so that the goal of Prenatal Massage management is achieved, namely reducing the sensation of lower back pain in the third trimester of pregnancy.(Ayuningtyas, 2023).

Prenatal Massage is a massage performed on pregnant women to improve blood circulation and reduce complaints often experienced by pregnant women. The type of massage is adjusted to the changes in the pregnant woman's body. Prenatal massage on pregnant women can help remove metabolic products from the body through the lymphatic and circulatory systems, which can reduce fatigue and make mothers more energetic, a smooth circulatory system can ease the workload of the heart and help the blood pressure of pregnant women become normal, muscle discomfort, such as cramps, muscle tension, muscle stiffness that are often felt by pregnant women, can be reduced by massage(Fitriyah, 2024).

The application of massage techniques by giving touch and pressure to the back extensor muscles such as m. multifundus, m. rotators, m. quadratus lumborum for 10 minutes and carried out twice produces a relaxing effect and stimulates the release of endorphins which function to minimize pain and can also improve the mood of pregnant women because it can reduce pain in the lumbar vertebral muscles.(Fitriyah, 2024). Prenatal Massage intervention is carried out once a day for 2 days for 20 minutes and has been proven to reduce back pain in pregnant women in the third trimester.(Andriyani & Paryono, 2023). The results of the study showed a difference in pain intensity before and after the respondents were given massage intervention.(Gozali et al., 2020). The difference between this study and previous studies is that the Prenatal Massage intervention was carried out 3 times a week and each massage was carried out for 25 minutes, the sampling method was selected purposively.

The phenomenon of community habits in overcoming back pain is by massaging the traditional midwife in their respective areas. Meanwhile, according to the Regulation of the Minister of Health of the Republic of Indonesia No. 15 of 2018, Complementary Traditional Health Services are the application of traditional health that utilizes biomedical and biocultural sciences in its explanation and its benefits and safety are scientifically proven. The role that midwives can play in complementary or alternative therapy can be adjusted to the limits of their abilities. Complementary therapy is an opportunity for midwives to participate according to the needs of the community.

Based on the results of a survey conducted at the Siti Aisah Independent Midwife Practice (PMB), West Lampung on December 24, 2024, of 6 pregnant women who experienced back pain showed variations in the severity of the pain. 1 pregnant woman with a back pain score of 4 on the Numeric Rating Scale (NRS) stated that even though she felt pain, she could still carry out daily activities at home. 4 other pregnant women had a pain score of 6 which indicated that the back pain felt was quite disruptive to physical activities, such as mopping, scrubbing and other activities that require a lot of movement. Meanwhile, 1 pregnant woman with a score of 8 said that the back pain was very disruptive, to the point that she could not do any activities and lay down more. The pregnant woman even had difficulty squatting or performing prayers without the help of a chair. At PMB Siti Aisah, efforts that have been made to reduce complaints of back pain include providing warm compresses, advising people to take deep breaths when pain occurs and administering analgesic drugs. However, these efforts have not

been effective in relieving complaints. In addition, at PMB Siti Aisah, prenatal massage has never been applied as a method to reduce back pain in pregnant women.

Based on this phenomenon, this study was conducted with the aim of determining the effect of prenatal massage on back pain in pregnant women in the third trimester who visited the Siti Aisah Independent Midwife Practice (PMB), Pagar Dewa District, West Lampung Regency. Researchers are interested in exploring the effectiveness of prenatal massage as a non-pharmacological method in reducing complaints of back pain that are often experienced by pregnant women, considering the high prevalence of back pain in pregnant women in the area. Thus, the question used in this study is "Is there an effect of prenatal massage on reducing back pain in pregnant women in the third trimester at PMB Siti Aisah, Pagar Dewa District, West Lampung Regency?"

METHOD

This research uses a quantitative research type with an analytical survey method which aims to find out or analyze the relationship (correlation) to find out how far the risk factor contributes to the effect or an event, so that in analytical research a research hypothesis and statistical test are required.(Riyanto, 2017). The research location was conducted at the Siti Aisah Independent Midwife Practice (PMB), Pagar Dewa District, West Lampung Regency. in June 2024. The design used in this study was a pre-experiment with a one group pretest and post-test approach.The selection of the design is based on the objective of measuring changes that occur in the research subjects before and after the treatment is given. The pre-experimental design was chosen because it can describe the effects of treatment on the group being studied, even without a control group, so it is in accordance with the research objective which wants to assess the impact of treatment directly.(Wahyuni et al., 2024).

The population in this study were all pregnant women with a gestational age of 28-36 weeks with the number of pregnant women in TM 3 at the Siti Aisah Independent Midwife Practice (PMB), Pagar Dewa District, West Lampung Regency in May-June 2024 as many as 34 people, and those who experienced back pain complaints were 18 people. In this study, sampling was carried out by purposive sampling.The inclusion criteria in this study included pregnant women aged 28 to 36 weeks and experiencing back pain, while the exclusion criteria included pregnant women who had other medical conditions that could affect the results of the study, such as labor disorders or systemic diseases.

In this study, the independent variable that affects the dependent variable is prenatal massage which can reduce the level of back pain in pregnant women. The independent variable was chosen because it has the potential to provide changes to the dependent variable, namely the level of back pain which is the focus of the study.(Riyanto, 2017). To analyze the data, the Wilcoxon test was chosen because the research design used one group with pretest and posttest measurements. The Wilcoxon test is a non-parametric analysis for paired and non-normally distributed data.(Yuniarti & Bahri, 2023). The results of the Wilcoxon test are interpreted by observing the p value; if the p value is less than 0.05, it can be concluded that prenatal massage has an effect on reducing the level of back pain in pregnant women.

RESULTS AND DISCUSSION

Table 1. Respondent Characteristics

Variables	Category	Frequency	Percentage (%)
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Age	20-35 Years	15	83.3
	>35 Years	3	16.7
Parity	Primigravida	4	22.2
	Multigravida	14	77.8
Education	SD	6	33.3
	JUNIOR HIGH SCHOOL	5	27.7
	SENIOR HIGH SCHOOL	5	28.0
	S1	1	5.5
	No school	1	5.5
Work	Housewife	12	66.7
	Farmer	4	22.2
	Self-employed	2	11.1
Total		18	100.0

Table 1 shows the characteristics of respondents based on several demographic variables. The majority of respondents were aged 20-35 years, which was 15 people (83.3%), while 3 others (16.7%) were over 35 years old. In terms of parity, most respondents were multigravida, which was 14 people (77.8%), while only 4 people (22.2%) were primigravida. In terms of education level, the majority of respondents had elementary school education with a total of 6 people (33.3%), followed by junior high school graduates with 5 people (27.7%) and high school graduates with 5 people (28.0%). Meanwhile, 1 person (5.5%) had a bachelor's degree and 1 other person (5.5%) did not attend school. Regarding employment, most respondents were housewives (IRT) with 12 people (66.7%), followed by farmers with 4 people (22.2%) and self-employed with 2 people (11.1%).

Univariate Analysis

Table 2 Average Level of Back Pain Before Prenatal Massage

Back pain	Mean	SD	Min	Max	N
Before Intervention	5.3	0.4	5	6	18

Based on table 2 with a total number of responses measured of 18 people, the average level of back pain in respondents before being given prenatal massage at the Siti Aisah Midwife Independent Practice (PMB) was 5.3 with a standard deviation (SD) of 0.4. The reported back pain values varied, with a minimum value (Min) of 5 and a maximum value (Max) of 6.

Table 3 Average Level of Back Pain After Prenatal Massage at Siti Aisah's Independent Midwife Practice (PMB)

Back pain	Mean	SD	Min	Max	N
After Intervention	2.8	0.9	2	5	18

Based on table 3, the average level of back pain in respondents after being given prenatal massage at the Siti Aisah Independent Midwife Practice (PMB) was 2.8 with a standard deviation (SD) of 0.9. The reported back pain values varied with a minimum value (Min) of 2 and a maximum value (Max) of 5. These data indicate a significant decrease in the level of back pain after prenatal massage treatment compared to the condition before the intervention.

Data Normality Test

The analysis test in this study has clearly been fulfilled because the research sample was taken from pregnant women in the third trimester at the Siti Aisah Independent Midwife Practice (PMB), Pagar Dewa District, West Lampung Regency. The level of accuracy in sampling is known, so another analysis requirement test is carried out, namely the normality test using the Shapiro-Wilk value, if the Shapiro-Wilk value > 0.05 , then the distribution is normal (Hastono, 2016).

Table 4 Data normality test

<i>Variables</i>	<i>n</i>	<i>mean</i>	<i>95%CI</i>	<i>Shapiro Wilk</i>	<i>Note</i>
Back Pain Before Prenatal Massage	18	5.3	5.09-5.57	0,000	Abnormal
Back Pain After Prenatal Massage	18	2.8	2.41-3.37	0.001	Abnormal

Based on table 4.4 above, from 18 pregnant women, the average (mean) back pain before delivery was obtained. *Prenatal Massage* of 5.3 and the mean value is between 5.09 to 5.57 with the results of the data normality test of 0.000 while the average value (mean) of back pain after Prenatal Massage is 2.8 and the mean value is between 2.41 to 3.37 with the results of the data normality test of 0.001. From these results, it can be concluded that the variable of back pain in pregnant women before and after Prenatal Massage has a data normality result < 0.05 which means that the data is not normal so that the next test is the Wilcoxon test.

Bivariate Analysis

Table 5 The effect of prenatal massage on back pain in pregnant women in the third trimester at Siti Aisah's Independent Midwife Practice (PMB)

Back Pain	Median	Min-Max	Negative ranks	Positive ranks	Ties	p-value
Before intervention	5.0	5-6	16	0	2	0.000
After the intervention	3.0	2-5				

Based on table 4.5 above, using the Wilcoxon test, the statistical test results are $p\text{-value} = 0.000$ ($p\text{-value} < \alpha = 0.05$) which means that there is an effect of Prenatal Massage on back pain in third trimester pregnant women at the Siti Aisah Independent Midwife Practice (PMB), Pagar Dewa District, West Lampung Regency. From the results of the study in the intervention group, 16 respondents experienced a decrease in back pain after being given Prenatal Massage, 2 respondents did not experience a decrease in back pain after being given Prenatal Massage and no respondents experienced back pain after being given Prenatal Massage.

Discussion

Univariate Analysis

Average Level of Back Pain Before Intervention

Based on data analysis conducted on 18 respondents, it was found that the level of back pain in respondents before being given prenatal massage services at the Siti Aisah Independent Midwife Practice (PMB) had an average of 5.3 with a standard deviation (SD) of 0.4. This indicates that the majority of respondents experienced a relatively high level of back pain. The variation in pain levels between respondents, although relatively limited, can be seen from the minimum value (Min) of 5 and the maximum value (Max) of 6. However, although there was a slight difference in pain data between respondents, the data showed that the level of back pain in the respondent group tended to be in a fairly diverse range. In addition, most respondents stated a decrease in pain after receiving prenatal massage, in addition to some respondents who did not experience a reduction in pain, indicating a variation in response to the intervention. The variation in responses given by respondents can be influenced by various factors, such as pain levels, physical conditions, or differences in techniques. *massage* which is accepted.

In line with research from Andriyani and Paryono (2023), after being given Prenatal Massage intervention 1x/day for 2 days, the pain scale in respondents of pregnant women in the third trimester measured using the Numerical Rating Scale pain scale after the second intervention decreased to no pain (0) which was 44 respondents (88.0%). Research Widia et al. (2023), It is known that after being given Prenatal Massage, almost half (46%) of the respondents experienced slightly more pain. Research (Neviana et al., 2023) results showed that before Prenatal Massage, out of 30 respondents who took part in the study, most of the 16 respondents (53.3%) experienced moderate pain. Lower back pain during pregnancy is an unpleasant condition due to the enlargement of the uterus and increased body weight causing the muscles to work harder so that it can cause stress on the muscles and joints (Gultom, 2005).

According to researchers, back pain experienced by pregnant women can be caused by the enlargement of the uterus which is getting bigger day by day due to the growth of the fetus, causing the body to become lordosis. This puts pressure on the mother's body, causing the mother to experience lower back pain. The mother's increasing weight can also affect lower back pain because with increasing weight, it will affect the muscles to work harder, causing stress on the joints, in addition to the factor of bad experiences in previous pregnancies will also increase anxiety and the mother's personality plays an important role in pain, mothers who are naturally tense and anxious will take longer to deal with stress compared to women who are relaxed and confident. Apart from that, there is the possibility of a parity factor, where mAccording to researchers, primigravida mothers have never had the experience of pregnancy including back pain which makes it difficult to anticipate it. different from the previous experience felt by multigravida mothers where this experience is one of the factors that can cause the intensity of pain felt by individuals to differ. Mothers who are tired during pregnancy, have had their sleep disturbed by the discomfort of the end of their pregnancy will be less able to cope with the pain they feel, besides that from the mother's work, both taking care of the household that never stops, there is always something to do, whether it's cleaning the house, taking care of children, cooking, washing, cooking if done by the mother alone will certainly cause fatigue and back pain.

Average Level of Back Pain After Intervention

Based on data analysis conducted on 18 respondents, the results of the analysis showed that after being given prenatal massage at the Siti Aisah Independent Midwife Practice (PMB), the average level of back pain decreased to 2.8 with a standard deviation (SD) of 0.9. Variations in back pain reports between respondents were clearly visible, with a minimum pain value (Min) of 2 and a maximum value (Max) of 5. The decrease in pain levels felt by respondents indicated that prenatal massage had a positive effect in reducing back pain in the majority of respondents. However, variations in the data showed differences in the responses given by respondents to the intervention, where the majority of respondents stated a significant decrease in pain, while a small number of respondents experienced a smaller decrease or even no change. This indicates that although the majority of respondents felt the benefits of prenatal massage, there is the possibility of other factors such as initial pain intensity, health conditions, or different physiological responses that can affect the effectiveness of prenatal massage therapy.

In line with research Widia et al. (2023), it is known that before being given Prenatal Massage, the majority (67%) of respondents experienced much more pain. Research Murbiah (2023), the results showed that after Prenatal Massage was carried out, the majority of 30 respondents who took part in the study, 16 respondents (53.3%) experienced mild pain. Research Andriyani and Paryono (2023), showed that the majority of respondents experienced moderate pain (4-6) in the lower back before carrying out Prenatal Massage on pregnant women in the third trimester, namely 48 respondents (96.0%). According to Judha, et al. (2012), management to reduce lower back pain (LBP) can be done with Prenatal Massage. Massage is done to reduce pain intensity, produce relaxation and improve circulation which is done by applying pressure using the hands on soft tissue, tendons, or ligaments without changing the position of the joints.

According to researchers, Prenatal Massage can make pregnant women more relaxed and happy, because Prenatal Massage will improve the mother's blood circulation. It can also reduce lower back pain felt by pregnant women. The researcher's assumption is that pregnant women who experience back pain will have difficulty in carrying out activities such as standing after sitting, moving from bed, sitting too long, standing too long, or lifting and moving objects around, the results of the study showed that the average pain in pregnant women in Trimester III before the intervention was moderate pain, and after the intervention was mild pain, from the results of the study it was found that there was a decrease in pain points between 1-4 points but there were 2 mothers aged 32 and 30 years old, parity multigravida, high school education with a housewife job experienced a decrease in back pain of 0 points, this decrease in pain of only 0 points can be caused by the mother's job as a housewife, with this job that makes the mother do a lot of activities lifting and moving objects around so that the mother does not experience a decrease in pain. According to researchers, the mother's activities can be reduced by asking for help when they are going to do activities lifting and moving objects around so that the mother does not feel back pain that can interfere with comfort during this pregnancy process.

Bivariate Analysis

The effect of prenatal massage on back pain in pregnant women in the third trimester

Based on the results of the Wilcoxon test, $p\text{-value} = 0.000$ ($p\text{-value} < \alpha = 0.05$) which means that there is an effect of Prenatal Massage on back pain in pregnant women in the third trimester at the Siti Aisah Independent Midwife Practice (PMB), Pagar Dewa District, West Lampung Regency.

In line with research Andriyani and Paryono (2023), there is an effect of Prenatal Massage on reducing back pain in pregnant women in the third trimester in Dlingo District, Bantul, Yogyakarta, p value = .000. Research Murbiah (2023), bivariate analysis using the Wilcoxon Test showed that the P Value < 0.05 was 0.000. Research Widia et al. (2023), the Wilcoxon test obtained a p-value (exact. sig/2 tailed) of 0.004 (<0.05), meaning that there was a significant difference in reducing back pain before and after Prenatal Massage was given.

Most lower back pain is caused by weak muscles in the waist, so that when you do incorrect movements or stay in a position for a long time, it can cause muscle stretching which is characterized by pain. (Ayuisma, 2020). Prenatal Massage for pregnant women can help to remove metabolic products of the body through the lymphatic and circulatory systems, which can reduce fatigue and make mothers more energetic, a smooth circulatory system can ease the workload of the heart and help blood pressure of pregnant women become normal, muscle discomfort, such as cramps, muscle tension, muscle stiffness that are often felt by pregnant women, can be reduced by massage (Fitriyah, 2024).

According to researchers, Prenatal Massage can reduce discomfort and pain in the back area during pregnancy, because Prenatal Massage can reduce fatigue and make the body more energetic by removing metabolic products in the lymphatic body and circulatory system. Discomfort in pregnant women such as cramps, muscle tension, and muscle stiffness can be reduced after massage because smooth circulation makes it easier for the heart and blood pressure to work so that pregnant women feel fresher. In addition, the endorphin hormone produced during massage will make it easier for mothers to relax.

The results of the study showed that there were 2 mothers whose pain intensity did not decrease, with non-risk age (32 and 30 years) multigravida parity, primary and secondary education and housewife work, this could be due to the factor of previous bad pregnancy experiences which will also increase, mothers who are naturally tense and anxious will take longer to deal with stress compared to women who are relaxed and confident. In addition, from the mother's work, both taking care of the household that never stops, there is always something to do, whether it is cleaning the house, taking care of children, cooking, washing, if done by the mother alone, it will certainly cause fatigue and back pain that does not decrease.

The change in the pain scale felt by each respondent who underwent the intervention was different, but overall, respondents who underwent the intervention experienced a change in pain, where there was a reduction in pain after the procedure. Researchers also argue that husband's assistance has a psychological effect. Individuals who experience pain often need support, assistance, protection from other family members or close friends. The presence of the closest person will minimize anxiety and psychological stress which will ultimately reduce pain and fear stimuli. The availability of good facilities and support systems from the environment in dealing with pain, support from family and closest people is very helpful in reducing the pain stimuli experienced by someone in dealing with the current conditions. So that in this study the results obtained were not the same between one respondent and another. It is hoped that health workers can provide both physical and psychological support such as speaking softly, touching the patient, so that the mother feels comfortable with the pregnancy process that is being undergone, and the support of the closest family is needed in this case the husband who always provides support when the mother faces the pregnancy process that is being undergone.

CONCLUSION

Based on the results of a study involving 18 respondents at the Siti Aisah Independent Midwife Practice (PMB), Pagar Dewa District, West Lampung Regency, it was found that the majority of respondents were aged 20-35 years (83.3%), had multigravida parity (77.8%), had elementary school education (33.3%), and worked as housewives (66.7%). The average level of back pain in pregnant women in the third trimester before being given prenatal massage was 5.3 with a standard deviation of 0.4, indicating a fairly high level of pain. After being given prenatal massage, the average level of back pain decreased to 2.8 with a standard deviation of 0.9, indicating a significant decrease in the level of back pain (p-value = 0.000). The data indicate a positive effect prenatal massage on reducing back pain in pregnant women in the third trimester. However, there was variation in responses between respondents, with some respondents experiencing a higher reduction in pain than others. Therefore, it is recommended that midwives pay attention to patient factors such as age, parity and other health conditions in designing interventions prenatal massage. Health policy implications by providing training and improving midwives' competency in techniques prenatal massage as part of maternal health services that can improve the comfort and quality of life of pregnant women, and can be considered for integration into maternal health service programs.

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