

# The Effect of Jaripunktur on During Pain The Active Phase in Laboring Mothers at Independent Midwifery Clinics Y in Cimahi City

Imas Mardiansyah<sup>1</sup>

Diliani Sariningsih<sup>2</sup>

Intan Putri Utami<sup>3\*</sup>

Nurhayati<sup>4</sup>

Franciscus Xaverius<sup>5</sup>

<sup>1,3,4</sup> Department of Midwifery, Faculty of Health Science, Universitas Aisyiyah Bandung, Bandung, Indonesia

<sup>2</sup> Student of Midwifery Department, Faculty of Health Science, Universitas Aisyiyah Bandung, Bandung, Indonesia

<sup>5</sup> Traditional Chinese Medicine Department, IK Bhakti Wiyata, Kediri, Indonesia

## ABSTRACT

Labor pain is a major problem that is generally felt and experienced by all laboring women during the labor process. If not promptly addressed, this pain can induce excessive anxiety and fear in mothers during labor. This of course can cause labor to be prolonged and labor pain to feel more intense. The purpose of this study was to determine the effect of Jaripunktur (finger meridian points, LI 4 and SP 6) on pain during active phase I in laboring women at INDEPENDENT MIDWIFERY CLINICS Y in Cimahi City. The study was implemented through a Quasi-Experimental approach, utilizing a control group design with pre-test and post-test on two groups. The statistical analysis employed is the Wilcoxon test, with the p-value <0.05. This research involved a total of 38 participants, all of whom were working mothers in the first stage of labor, split into two groups of 19 each for the intervention and control groups respectively. The study took place from November 17 to December 17, 2022, utilizing questionnaires for collecting data. Findings indicated that Jaripunktur's application positively influenced analgesia during the first stage of labor in the mothers studied. Given this study, midwives or other healthcare workers should apply Jaripunktur to women in active stage I labor.

## KEYWORDS

Pain; Labor; Jaripunktur

Received: March 05, 2024

Accepted: April 18, 2024

Published: May 24, 2024

## Introduction

Labor is the pain that every laboring mother feels during labor, where this pain is unique to each mother and can be influenced by several factors including culture, fear, anxiety, previous work experience, preparation and support (Judha, Sudarti, 2020). In Brazil, pain experienced during labor accounts for more than 50% of hospital births, which is the highest percentage in the world (Hibatulloh, Dwi Estuning Rahayu, 2021). Indonesia, in a preliminary survey at Dr. M.M. Hospital. Bundo Lomboto on February 15-28 February 2018 with a sample of 10 mothers giving birth, there were 7 people (70%) Mothers felt severe pain, the mother was not strong with labor pain and 5 (50%) decided to have a cesarean section operation (Vitriani, Lailiyana, 2017). Preliminary survey at the Sedinginan Health Center, Rokan Hilir Riau Regency, of all mothers in labor from March to June 2017 with a sample of 12 mothers in labor, there were 6 people (50%) mothers felt severe pain, 4 (40%) mothers felt moderate pain, and 2 (10%) mothers felt mild pain (Vitriani, Lailiyana, 2017). To reduce pain and provide comfort, non-pharmacological therapies can be used (Andarmoyo, 2020).

According to M Ferry Wong (2018), apart from using pharmacological therapies, there are various alternative methods to reduce or treat pain problems. One alternative option that is increasingly recognized is Jaripunktur, a natural therapy that aims to improve holistic health, known as Holistic Care. This concept emphasizes that all aspects of an individual are interrelated, with the underlying philosophy of holistic medicine encompassing an approach to harmonize mind, body, and spirit. Jaripunktur is a branch of acupuncture and a derivative of acupressure, which is a Chinese medicine that focuses on the fingers and toes. Each finger has a meridian point, Meridians between organs can form a balance because it is influenced by the relationship from one finger to another finger which forms a single unit, the meridian point. (Wong, 2018) Jaripunktur has an electric current when stimulated, it will change the level of chemical neurotransmitters from the Medulla Spinalis and brain nerves to produce Endogenous Opioid Substances that produce Beta Endorphin. Endorphin is a substance to reduce pain naturally (wong, 2018).

The Jaripunktur technique represents a straightforward non-pharmacological approach that is easy to implement, cheap because it does not use aids, it is enough just to use the therapist's fingers, so that with Jaripunktur therapy it can help midwives in the labor process of mothers and families during the labor process, if the mother can

feel and experience a soothing, pleasant labor process with minimal pain can be fulfilled. (wong, 2018). In Indonesia, knowledge of jaripunktur is still limited among the general public. Although it has been widely used in various parts of the world as an alternative method to relieve various health conditions, including reducing stress and improving well-being, the understanding of the concept and practice of jaripunktur is still not widespread in Indonesian society. Many are still unfamiliar with how acupressure works and its benefits for holistic health. Therefore, further education and dissemination of information about Jaripunktur can help improve Indonesians' understanding of this therapy and its potential benefits to their health and well-being. This study aimed to investigate the impact that jaripunktur had on women who were still experiencing stage 1 pain during labor at INDEPENDENT MIDWIFERY CLINICS Y in Cimahi City.

## Literature review

### *Labor*

Normal labor according to the World Health Organization (WHO) 2020 in Fitriahadi E & Istri Utami, (Intan Putri Utami, 2019) is labor that begins naturally, low risk at the onset of labor and remains that way during the process. In labor, the baby is born naturally when labor appears. behind the head at 37-42 weeks of pregnancy. Meanwhile, according to KEMENKES RI (2008) in (Fitriahadi, 2019) Labor is the process during which the baby, placenta, and amniotic sac are expelled from the mother's uterus. It is deemed normal when it takes place at term (post 37 weeks of pregnancy) and is free of complications. The process of delivering the fetus at full term without complications is referred to as normal labor and delivery giving birth naturally with the head protruding backwards without causing complications for the mother and fetus. (Fitriahadi E, 2019)

### *Labor Pain*

Pain is one of the natural defence mechanisms of the human body, which is a warning sign of danger, so that individuals react to eliminate the pain stimulus. (Judha, Sudarti, 2020). Pain experienced during the initial phase of labor emerges as a result of physiological and psychological factors. Physiological factors occur because the smooth muscle of the uterus begins to show contraction activity in a coordinated manner, labor pain occurs reduced amount of oxygen to the muscles of the uterus (myometrium) so as to cause thinning and dilatation of the cervix, the pressure of the fetal head in the birth canal and bladder channel, stretching the pelvic floor muscles. (Prawirohardjo, 2016).

Management of labor pain there are 2 therapies, namely pharmacological and non-pharmacological therapies, where for handling pain with pharmacological therapy can use painkillers. (Judha, Sudarti, 2020). The types of painkillers used are usually non-narcotic groups (aspirin, acetaminophen, NSAIDs). NSAID drugs include ibuprofen, mefenamic acid, fenoprofen, naprofen and others, Non-pharmacological treatments encompass techniques such as transcutaneous electrical nerve stimulation (TENS), music therapy, acupressure, hydrotherapy, acupuncture, aroma therapy, hypnobirthing. (Judha, Sudarti, 2020). Non-pharmacological therapy can also be done with the Jaripunktur technique, where Jaripunktur can reduce pain in laboring women so that laboring women feel more comfortable. (wong, 2018).

### *Jaripunktur*

Jaripunktur is a branch of Acupuncture and a derivative of Acupressure, which is a branch of traditional Chinese medicine that focuses only on the fingers and toes. Each finger has meridian points. The meridian points in Jaripunktur begin and end from one finger to another finger which are interconnected and form a unified whole and influence each other's meridians between organs to form a balance in the massage a therapist holds or presses various points on the body and muscle system which aims to stimulate the body's energy to balance and all pathways are open. so that the flow of electricity is no longer blocked by the body, so that flow of electricity is no longer blocked by muscle tension which can cause energy blockages, increase blood flow and relieve fatigue and pain, meridian points in Jaripunktur have electrical properties that when stimulated can change the level of neurotransmitters in the body from the Medulla Spinalis and Brain Nerves so as to produce Endogenous Opioid Substances so as to produce Beta Endorphin. Endorphin is a pain reliever naturally produced by the body that produces a calming and uplifting response in the body, has a positive effect on emotions, and can promote relaxation and calmness. Normalizes body functions through the release of endorphins in the blood. Reduced pressure and improved blood circulation (wong, 2018)

The Jaripunktur points consist of the Hand Valley Point, where applying strong pressure can reduce stress, alleviate migraines, and relieve pain in the shoulders, teeth, and neck. The Outer Gate Point, located parallel to the Inner Gate Point on the upper side of the hand, between two tendons, can enhance energy and boost the immune system when pressure is applied. The Base of Thumb Point can assist in alleviating respiratory issues. Small Intestine 3, below the pinky finger, may help ease headaches, pain in the back of the head, and neck pain. Ten Dispersions at the fingertips aid in alleviating common symptoms like high fever or sore throat. Some practitioners also believe that applying pressure can help treat conditions like coma or epilepsy. The Four Seams within the finger joints can address digestive issues, especially in children (wong, 2018)

## Method

This research is a quantitative-research with a Quasi-Experiment method with pre-test and post-test with control group design.

### Participants

The study's sample consisted of 38 mothers undergoing labor as many as 38 laboring mothers in the first phase of Active in independent midwifery clinics Y in independent midwifery clinics Y in Cimahi City who came and had undergone intervention at independent midwifery clinics Y, The method used was accidental sampling, where all subjects in this case maternity patients who came and had undergone treatment at independent midwifery clinics Y, and met the research criteria were included as research subjects until a certain time where there were two groups studied, namely the intervention group as many as 19 women in labor during the active phase I which is the intervention group and the control group as many as 19 women in labor during the active phase I which is the control group.

### Instruments

This study uses a Visual Analog Scale (VAS) observation sheet. VAS is filled in before performing Jaripunktur by pressing the meridian points of the fingers, pressing the SP 6 and Li4 points where each meridian point is massaged for 1 minute or 30x massage and after the respondent is given the next Jaripunktur intervention the researcher gives a post-test observation sheet to the respondent to provide an assessment of the measurement of the level of pain.

### Data analysis

The data in this study after going through the processing stage which includes research problems, and testing research problems using the Wilcoxon Signed Ranks Test. The purpose of this analytical method is to examine the correlation between one dependent variable and two or more independent variables.

## Results

The results of the study were grouped according to the data collected based on the pre and post-questionnaires distributed.

### Univariate result

The analysis was carried out to identify disparities between the pre-test and post-test results of the control group and the intervention group.

**Table 1.** Intensity of labor pain before intervention

Labor Pain Intensity		Intervention		Control	
		F	%	F	%
a	Medium Pain	0	0	4	21,1
b	Extreme Pain	19	100	15	78,9
Total		19	100	19	100

Table 1 shows the results of the pre-test questionnaire acquiescent results for pain intensity in the control group of moderate pain for up to 4 respondents (21%) and severe pain for up to 15 respondents (78.9%). While the pre-test results in the intervention group showed severe pain, up to 19 people responded (100%).

**Table 2.** Intensity of labor pain after intervention

Labor Pain Intensity		Intervention		Control	
		F	%	F	%
a	Medium Pain	19	0	0	0
b	Extreme Pain	0	100	19	100
Total		19	100	19	100

\* Primary data 2022

Based on Table 2 above, it can be inferred that the outcomes from the post-intervention questionnaire indicated a moderate level of pain for all 19 respondents (100%) in the pain intervention group. Conversely, the post-test results in the control group were observed.

**Table 3.** Distribution of the frequency of labor pain levels among respondents before and after the intervention

Pain level	Intervention					Control						
	Pretest		Mean $\pm$ SD	Posttest		Mean $\pm$ SD	Pretest		Mean $\pm$ SD	Posttest		Mean $\pm$ SD
	n	%		n	%		n	%		n	%	
Medium Pain	18	94,7	8,42 $\pm$ 0,507	15	78,9	5,21 $\pm$ 0,419	4	21,1	6,79 $\pm$ 0,419	11	57,9	8,42 $\pm$ 0,507
Extreme Pain	1	5,3		4	21,1		15	78,9		8	42,1	
<b>Total</b>	19	100		19	100		19	100		19	100	

Based on Table 3 above, it can be deduced that the distribution of pain levels in the pre-test for the intervention group yields a mean value of 8.42 with a standard deviation of 0.507, while the post-test shows a mean value of 5.21 with a difference of 0.419. In contrast, the control group's pre-test exhibits a mean value of 6.79 with a deviation of 0.419, and in the post-test, the mean value is 8.42 with a deviation of 0.507. Consequently, the findings from the table indicate that the Jaripunktur intervention led to a reduction in pain levels during the active phase I of labor among the participating mothers.

## Bivariate results

### Normality test

**Table 4.** Shapiro Wilk Normality test result

Tests of Normality				
Category	Shapiro-Wilk			
	Statistic	df	Sig.	
Pre-test intervention	.244	19	.000	
<b>Pain Result</b> Post-test intervention	.507	19	.000	
Pre-test control	.507	19	.000	
Post-test control	.633	19	.000	
a. Lilliefors Significance Correction				

Based on Table 4 above, it can be inferred that the outcomes of the normality test using Shapiro-Wilk indicate a result of 0.000, which is less than 0.05. This suggests that the data is not normally distributed.

### Wilcoxon test

**Table 5.** Wilcoxon Ranks test result

Ranks				
	N	Mean Rank	Sum of Ranks	
Negative Ranks	19 <sup>a</sup>	10.00	190.00	
Positive Ranks	0 <sup>b</sup>	.00	.00	
post tes - pre tes				
Ties	0 <sup>c</sup>			
Total	19			

a. post tes < pre tes

b. post tes > pre tes

c. post tes = pre tes

Based on the provided table, it is evident that the application of Jaripunktur to women in the active phase of labor resulted in 19 negative data (N), signifying that all 19 women experienced a reduction in pain levels during the first stage of the active phase, as indicated by the pre- and post-test values. The average rank or mean increase is 10.00, with a total sum of ranks at 190.00. The equality value is 0, indicating a lack of equality between the pre- and post-test results.

### Homogeneity test

**Table 6.** Homogeneity Test Result

Test of Homogeneity of Variance				
	Levene Statistic	df1	df2	Sig.
Based on Mean	7.010	1	36	.012
Based on Median	1.946	1	36	.172
Pain evel Based on Median and with adjusted df	1.946	1	34.756	.172
Based on trimmed mean	7.010	1	36	.012

Examining the outcomes of the homogeneity test from the presented table, it is observed that the significance value (Sig) based on the mean is 0.012, which is less than  $<0.05$ . Hence, we can infer that the variations in the post-test data between the intervention group and the control group are dissimilar or not homogeneous.

### *Mann Whitney test*

**Table 7.** Mann Whitney Test Result

	Pain level
Mann-Whitney U	.000
Wilcoxon W	190.000
Z	-5.541
Asymp. Sig. (2-tailed)	.000
Exact Sig. [2*(1-tailed Sig.)]	.000 <sup>b</sup>

a. Grouping Variable: Kategori

b. Not corrected for ties

According to the findings presented in table 4.7, the Asymp.Sig (2-tailed) value is 0.000, indicating it is less than  $<0.05$ . This leads to the conclusion that "the hypothesis is accepted." Hence, it can be stated that a distinction exists between the control group and the intervention group. Both approaches support the conclusion that "Jaripunktur has an impact on pain during the active phase 1 of labor in mothers".

### *Validity of content*

Five health professionals with more than 15 years of professional experience were included in the validity test. These specialists participated in both the content validity test and the instrument development process. The health belief model concept is used in the instrument that was taken from earlier research to assess osteoporosis patients and prepare them for disasters. An instrument for preventing anemia-related complications was developed using these two tools as well as the idea of the health belief model. Following the completion of the instrument development process, specialists were consulted and asked to perform analyses and internal validity assessments. The content validity index test results were as follows: face validity, essential 1, and relevance 0.99.

### *Reliability*

In October 2023, thirty pregnant women participated in the reliability test, which was carried out at the Wirobrajan Community Health Center. The goal of the study was presented to pregnant women who met the inclusion criteria, and if they agreed to participate, they were asked to sign a consent form. In 45 minutes, the researcher went over the goal of the exercise and how to complete as many as 34 items on the instrument. once the instrument has been finished and given back. After verifying that the filling was complete, the researcher examined 0.80. This result's interpretation falls within a significant range.

## **Discussion**

### *Frequency distribution of labor pain intensity*

Jaripunktur is a branch of Acupuncture and a derivative of Acupressure, which is a branch of traditional Chinese medicine that focuses only on the fingers and toes. Each finger has meridian points. The meridian points in Jaripunktur begin and end from one finger to another finger which are interconnected and form a unified whole and influence each other's meridians between organs to form a balance in the massage a therapist holds or presses various points on the body and muscle system which aims to stimulate the body's energy to balance and all pathways are open. so that the flow of electricity is no longer blocked by the body so that flow of electricity is no longer blocked by muscle tension which can cause energy blockages, increase blood flow and relieve fatigue and pain, meridian points in Jaripunktur have electrical properties which when stimulated can change the level of neurotransmitters in the body from the Medulla Spinalis and Nerves of the Brain so as to produce Endogenous Opioid Substances so as to produce Beta Endorphin Endorphin is a pain reliever naturally produced by the body that produces a calming and uplifting response in the body, has a positive effect on emotions, and can promote relaxation and calmness. Normalizes body functions through the release of endorphins (Wong, 2018).

The impact of Jaripunktur on labor pain is evident from the study results presented in Table 1. It can be deduced that there are notable variations in the outcomes of the questionnaire test within the control group. Specifically, participants in the control group recorded a mean value of 6.79 with a deviation of 0.419 in the pre-test, whereas in the post-test, the mean value increased to 8.42 with a deviation of 0.507. Conversely, in the intervention group, the pre-intervention (pre-test) mean value was 8.42 with a deviation of 0.507, while in the post-test, the intervention group demonstrated a decrease in pain intensity, yielding a mean of 5.21 with a deviation of 0.419. Consequently, it can be concluded that there is a distinction between the intervention and control groups. The intervention group exhibited a reduction in pain intensity, whereas the control group experienced an increase in pain intensity. This consistency is reflected in the study's findings. with Kusyati's (2012) study showing an influence between the effectiveness of deep breathing relaxation techniques and the level of pain in the early stages, with the results of pain analysis before relaxation. average is 6.80 and pain after relaxation. average relaxation rate of 5.10,

therefore the deep breathing relaxation technique proves to be efficient in diminishing the intensity of labor pain during the initial stages, as indicated by the p-value of 0.00. ( $p < 0.05$ ) (Kusyati, 2012).

The escalation in pain perception within the control group is attributed to the labor process has entered the active phase with an opening of 4-9 cm, where the opening of the uterine neck is the process of enlarging the uterine neck hole from a tightly closed state to a hole large enough to allow the passage of the fetal head (Anik, 2010). During this active phase, the contractions of the uterus become more prolonged and intensify in strength, during contractions there will be a contraction of blood vessels which causes anoxia of muscle fibers, this is what will cause pain stimulation, besides that it is also caused by the pressure of nerve endings when the uterus contracts.

The flattening of the cervix in the active phase is also caused by the stronger uterine contractions, causing the walls of the corpus uteri consisting of muscles to become thicker and shorter, while the lower part of the uterus and cervix which only contains a few muscles and contains a lot of collagen tissue will be easily pulled so that it becomes thin and open, this condition causes the intensity of pain to be more intense. (Anik, 2010). The pain is called visceral pain (in the internal organs) stimulation of pain receptors in the abdominal cavity due to muscle spasm, ischemia and tissue strain. The feeling of pain in labor is highly subjective about the physical sensations linked to uterine contractions, as well as the widening and thinning of the cervix, as well as the descent of the head during labor (Supliyani, 2017).

The data presented in Table 2 suggests a significant variance in the intensity of labor pain before and after the intervention, as evidenced by the pre-test questionnaire outcomes. These outcomes indicate the intensity of pain in the control group, with moderate pain reported by a maximum of 4 participants (21%) and severe pain reported by up to 15 respondents (78.9%). In contrast, the pre-test results for the intervention group indicated severe pain among all 19 respondents (100%). Furthermore, as delineated in Table 3, the frequency distribution of labor pain prior to intervention (pre-test) in the intervention group revealed an average score of 8.42 with a standard deviation of 0.507, while post-intervention, the average score decreased to 5.21 with a standard deviation of 0.419. Conversely, the pre-test average score in the intervention group was 6.79 with a standard deviation of 0.419, and the post-test average score in the intervention group returned to 8.42 with a standard deviation of 0.507. Thus, based on the evidence from the aforementioned tables, it can be deduced that the intervention group, under the application of Jaripunktur, experienced a notable decrease in pain during the first phase of labor. This contrasts with the control group, which witnessed an increase in pain intensity during the same phase. This outcome substantiates the effectiveness of Jaripunktur in mitigating labor pain during the initial phase, highlighting a distinct contrast in pain management efficacy between the intervention and control groups.

### ***Relationship between Jaripunktur and labor pain***

Since the normality test table result was 0.00, Wilcoxon test was used in this study. From the results in Table 5, it can be concluded that from the Wilcoxon test, the result of administering Jaripunktur to a woman in first active stage of labor is that she is found to have 19 negative data (N). Can this is because 19 women in labor had reduced pain levels in the first stage based on pre- and post-test values. The average rank or increase is 10.00 for her and the total rank is 190.00. Since the binding value is 0, we can say that there are no equal values before and after the test. These results are consistent with the findings of Juniartati (2018). Employing Counter pressure proves to be efficacious in diminishing labor pain during stage I, as evidenced by a substantial disparity in the mean pain scores between the experimental and control groups ( $p < 0.001$  according to the t-test). Consequently, the null hypothesis is refuted at a 0.05 level of significance (Juniartati, 2018).

This is in accordance with Cahyani's research (2017) Effleurage has an impact on minimizing labor pain. With the results of the mean value of labor pain before effleurage massage is 7.60 and the mean labor pain after effleurage massage is 3.60, it can be seen that the decrease in the average value before and after effleurage massage is 4.00, normality test using Shapiro wilk (sample  $< 50$ ) obtained normal data distribution so using the paired t-test, the results yielded a p-value of  $< 0.000$  ( $< 0.05$ ), indicating a significant difference in labor pain experienced by mothers before and after the application of effleurage massage. (Cahyani, 2017).

Jaripunktur intervention is a massage performed on certain meridian points using the therapist's fingers without using any tools. Jaripunktur is used to make the body work more efficiently, Jaripunktur facilitates the stimulation of meridian energy flow by activating the small-diameter muscle nerves, which transmit signals to the spinal cord. These signals are then relayed to three primary nerve centers: the spinal cord itself, the midbrain, and the hypothalamic-pituitary complex. It can stimulate the flow. Three of them are activated, which in turn releases neurotransmitters (endorphins) that suppress incoming pain messages through other pain pathways (wong, 2018). Endorphins are the body's natural source of morphine-like substances activated by stress and pain, localized in the brain, spinal cord, and gastrointestinal tract, and when these substances interact with opiate receptors in the brain, they produce pain relief and produce an effect (Potter & Perry, 2006).

From the homogeneity test results presented in Table 6, it is observed that the significance value (Sig) based on the mean is 0.012, which falls below the threshold of  $< 0.05$ . This indicates that the data sets for the post-test outcomes of both the intervention and control groups are not homogeneous. Given the lack of homogeneity, the Mann-Whitney test was employed for analysis.

Referencing Table 7, the outcomes of the Mann-Whitney test reveal that the Asymptotic Significance (2-tailed) value stands at 0.000, signifying a value less than 0.05. Consequently, this supports the acceptance of the hypothesis, establishing a discernible difference between the control and intervention groups. These findings collectively affirm the impact of Jaripunktur on alleviating pain during the first active phase of labor in expectant mothers.

This finding aligns with the study conducted by Ridlayanti Annisa et al. (2021) titled "Benefits of Acupressure in Preventing Menometrorrhagia in Women of Reproductive Age," which demonstrated a significant difference in outcomes before and after the application of acupressure, as evidenced by a Mann-Whitney test result yielding a p-value of 0.02, which is less than the threshold of 0.05. Similarly, this study corroborates the findings of Ersila (2019),

who observed a discernible variance between the effects of Effleurage massage and cold compresses on labor pain among patients at health centers in the Pekalongan district. Analysis via the Mann-Whitney test revealed a significant difference in the impact of Effleurage massage and cold compresses on labor pain, with a p-value of 0.001, further underscoring the effectiveness of these interventions below the significance level of 0.05 (Ersila, Lia Dwi Prafitri, 2019).

In the intervention group after the intervention there was a decrease in pain this was due to stimulating and massaging gently at the Jaripunktur point for 1 minute or 30 massages which caused the release of endorphin. The term endorphin is a combination of two words endogeneity and morphine, when the body releases these substances one effect is pain relief. Endorphins are thought to inhibit pain impulses by blocking impulse transmission in the brain and spinal cord (Wong, 2018).

## Conclusion

Jaripunktur has electrical properties that when stimulated can change the level of neurotransmitters in the body from the Medulla Spinalis and Brain Nerves so as to produce Endogenous Opioid Substances so as to produce Beta Endorphin, It calms the body and arouses enthusiasm, a positive effect on emotions, relaxes and normalizes body functions through the release of endorphins. Based on research that was carried out on November 17 - December 17, 2022 at INDEPENDENT MIDWIFERY CLINICS Y in Cimahi City, it can be concluded that the Jaripunktur intervention carried out to the intervention group shows a decrease Therefore, it can be concluded that Jalipunktur affects the first pain of the active phase 1 in the labor.

## Acknowledgement

In the process of preparing this research, there were various difficulties and obstacles, but among these difficulties, there were parties who always made it easy for researchers. Therefore, on this occasion the researcher would like to thank the lecturers of Midwifery Universitas 'Aisyiyah Bandung, parents and beloved family who have helped and facilitated this research.

## Funding

This study did not secure any dedicated financial support from agencies within the public, private, or non-profit sectors.

## References

- Andarmoyo, S. (2020). *Buku Persalinan tanpa rasa nyeri berlebihan* (3rd ed.). Ar-Ruzz media.
- Anik, M. (2010). *Nyeri dalam Persalinan, Teknik dan cara penanganannya* (1st ed.). CV Trans Info Media.
- Cahyani, dkk. (2017). Efektifitas Massage Effleurage dan Kompres Hangat Terhadap Penurunan Skala Nyeri Persalinan Kala I Fase Aktif Di Rumah Bersalin Mardirahayu. Semarang. *Jurnal Ilmu Keperawatan*.
- Ersila, Lia Dwi Prafitri, N. Z. (2019). Judul Perbedaan Efektivitas Massage Effleurage dan Kompres dingin terhadap nyeri persalinan di Puskesmas Kabupaten Pekalongan. *Jurnal Siklus*, 8(2).
- Fitriahadi E, I. U. (2019). *Buku Ajar Asuhan Persalinan dan Managemen Nyeri Persalinan UNISA Yogyakarta*. UNISA Yogyakarta.
- Hibatulloh, Dwi Estuning Rahayu, R. S. N. R. (2021). Judul Efektifitas Terapi Akupresure terhadap Nyeri Persalinan Pada Fase Aktif Tahap pertama. *Jurnal Original Research Indonesia Midwifery and Health Sciences Journal*. <http://e-journal.unair.ac.id/index.php/IMHSJ>
- Intan Putri Utami, I. U. (2019). Pengaruh Pelvic Rocking Exercise Terhadap Tingkat Nyeri Primary Dysmenorhea Pada Siswi SMP Ma'arif Gamping Yogyakarta. *Jurnal Ilmiah Keperawatan*, 7(2).
- Judha, Sudarti, A. F. (2020). *Buku Teori Pengukuran Nyeri dan Nyeri Persalinan, Edisi 1* (Penerbit Nuha Medika (ed.)).
- Juniartati, M. N. W. (2018). Judul Penerapan Counter Pressure untuk mengurangi nyeri persalinan kala I. *Jurnal Kebidanan*. <https://www.researchgate.net/publication/329121331>
- Kusyati, D. D. P. (2012). Efektivitas Teknik Realksasi Nafas Dalam Terhadap Tingkat Nyeri Persalinan Kala I di Wilayah Kerja Puskesmas Tlogosari Wetan Semarang Tahun 2012. *Jurnal Kebidanan*, IV, 2.
- Potter, & P. (2006). *Buku Ajar Fundamental Keperawatan: Konsep, Proses, Dan Praktik* (4th ed.). EGC.
- Prawirohardjo. (2016). *Ilmu Kebidanan*. PT Bina Pustaka Sarwono 83 Prawirohardjo.
- Supliyani. (2017). Judul Pengaruh Massage Punggung terhadap intensitas nyeri persalinan kala I di Kota Bogor. *Midwife Journal*, 3, 1. [www.jurnal.ibijabar.org](http://www.jurnal.ibijabar.org)
- Vitriani, Lailiyana, K. (2017). Pengaruh terapi Akupresur Terhadap Intensitas Nyeri persalinan Pada Ibu Bersalin kala 1 Di Puskesmas Sedinginan Riau tahun 2017. *Jurnal Ibu Dan Anak*, 5(2).
- Wong. (2018). *Buku Holistic Care With Jaripunktur*. Wong Publisier.
- Wong. (2018). *Buku Panduan Lengkap Pijat* (2nd ed.). Penebar Plus.