



The Influence of Fingerhold Technique and Positive Affirmation on Pain Reduction of Post Sectio Caesarea

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ABSTRACT

Background: Sectio caesarea (SC) is a surgery that aims to give birth to a child through an incision in the abdominal wall and uterus. During sectio casa delivery, the mother will not feel pain, but pain will arise several hours after the procedure is completed. The pain felt by post SC mothers is a sharp pain, which spreads throughout the surgical treatment area.

Objective: This study aims to analyze the Reduction in Pain Scale with the Fingerhold Technique and Positive Affirmation in Post SC Mothers at PKU Muhammadiyah Hospital, Gombong.

Method: This quantitative study used a quasi-experimental design with a one group pre-test and post-test design. Sampling for this study used a purposive sampling technique. The sample of this study was 80 people who had met the inclusion and exclusion criteria. The instruments used were a questionnaire for the SOP for providing Fingerhold technique interventions, SOP for positive affirmations and a pain scale assessment sheet using the Numeric Rating Scale (NRS). Data analysis used univariate analysis, bivariate analysis was used to test the hypothesis with the Wilcoxon Test.

Results: The results of the study showed a decrease in pain after being given the Fingerhold technique intervention and positive affirmations, as many as 14 respondents experienced changes in pain and 65 respondents experienced no changes in pain.

Conclusion: The difference in pain before and after the intervention of fingerhold technique and positive affirmation, obtained significant results, meaning that there was a change in pain for the better in post-CS mothers, so it is worth considering as a policy by the hospital as one way to reduce pain in post-cesarean section.

Keywords: Fingerhold; Affirmation; Pain; Sectio Caesaria

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BACKGROUND

The World Health Organization (WHO) stated that the number of deliveries by sectio caesareamethod has increased throughout the world and exceeds the recommended range of 10-15% (Ika Wardani & Sri Futriani, 2022). Latin America contributed the highest number of caesarean deliveries, namely 40.5%, followed by Europe 25%, Asia 19.2% and Africa 7.3% (Silawati et al., 2022). The high number of caesarean deliveries is caused by fetal pelvic disproportion 21%, fetal distress 14%, placenta previa 11%, history of sectio caesarea11%, fetal abnormality 10%, preeclampsia and hypertension 7%. The caesarean deliveries in Indonesia are 17.6%, the highest in the DKI Jakarta region at 31.3% and the lowest in Papua at 6.7%. In Central Java, caesarean deliveries reached 17.1%. In general, the number of caesarean deliveries in government hospitals is around 20-25% of the total deliveries (Andriati et al., 2019).

Sectio caesarea(SC) results in a break in the continuity of tissue and nerves, causing pain in the area of the surgical incision (Ningsih et al., 2022). The incidence of post-CS pain was found to be moderate to severe at 85.5%. Studies over the past three to four decades have repeatedly confirmed that 20-80% of those undergoing surgery experience inadequately treated pain and pain is classified as a serious public health problem in both developing and developed countries. The same study reported that as many as 78.4% to 92% of mothers giving birth by CS experience moderate to severe pain. Post-CS pain can be caused by preoperative anxiety, previous history of cesarean section, incision, and absence of regional analgesia. Several of these factors are significantly associated with moderate to severe post-CS pain (Roofthoof et al., 2021).

Post-cesarean pain that is not treated properly can cause several problems, including impaired physical mobilization, limited activity daily living (ADL), delayed Early Initiation of Breastfeeding (IMD), hampered bonding attachment, difficulty in adjusting a comfortable position during breastfeeding, difficulty in caring for the baby, reduced baby nutrition because the mother is still in pain from the SC, decreased sleep quality, stress and anxiety, long recovery period, and fear of having surgery again (Wijiyanti, 2010;Raharja & Aini, 2023;Putri et al., 2024).

Post-cesarean pain needs to be treated so that it does not have a negative impact on the mother or the baby being born. So far, pain management has often utilized analgesic drugs, but there are non-pharmacological pain management interventions without causing side effects or dependency (Ningsih & Rahmadhani, 2022; Qoyyimah et al., 2021b; Silawati et al., 2022; Sotome et al., 2021).

Roudotul (2015) stated that the fingerhold relaxation technique reduced the average pain intensity of post-sectio caesareapartients by 1.54 scales (+ 2 pain scales). The fingerhold relaxation technique is a relaxation technique used to relieve or reduce pain intensity. This relaxation technique is very simple and easy to do by anyone who is related to the

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fingers and the flow of energy in the body. If an individual perceives touch as a stimulus to relax, then relaxation will appear (Damayanti et al., 2019).

Fingerhold relaxation technique helps the body, mind and soul to achieve relaxation. In a state of relaxation it will naturally trigger the release of endorphins, this hormone is a natural analgesic from the body so that pain will be reduced.(Dani & Babu, 2025). Fingerhold relaxation can also control and restore emotions that will make the body relax. When the body is relaxed, muscle tension is reduced which will reduce anxiety. Physiologically, fingerhold relaxation techniques can reduce pain, fingerhold relaxation techniques will produce impulses that are sent through non-nociceptor afferent nerve fibers leading to the "pain gate" so that it is controlled to release inhibitory neurotransmitters that inhibit and reduce pain stimuli.(Ika Wardani & Sri Fitriani, 2022). Positive affirmations are statements planted in the subconscious mind to change a person's perception and response to something.(Rahayu & Rizki, 2020). Positive affirmations can be a form of self-hypnosis where words or are repeated several times as a means of reprogramming our subconscious. Affirmations become strong when someone becomes focused and concentrated so that they can enter a hypnotic stage. Research conducted by Silawati (2022) stated that there was a significant influence of giving positive affirmations on pain and anxiety in post-SC surgery patients. This is because positive affirmations can affect neuro-linguistic programming so that it can manage emotions and reduce pain. In addition, neuro-linguistics helps provide positive words to reduce pain.(Lestaluhu et al., 2024;Silawati et al., 2022)

PKU Muhammadiyah Gombong Hospital is one of the PONEK referral hospitals located in Gombong District, Kebumen Regency. The results of a survey conducted by researchers obtained data on the number of Sectio Caesarea deliveries in the past year that occurred at PKU Muhammadiyah Gombong Hospital from January to December 2023 as many as 1,096 deliveries. Of the many cases of Sectio Caesarea, almost 50% of patients had a severe pain scale. Efforts to reduce post Sectio Caesarea pain by non-pharmacological means are still very low. Based on this research gap, the author proposes to conduct research on the Fingerhold Technique and positive affirmations on reducing the pain scale in post-SC mothers.

OBJECTIVE

The aim of this study was to determine the effect of fingerhold techniques and positive affirmations on the intensity of post-CS pain at the PKU Muhammadiyah Gombong Hospital.

METHODS

This quantitative study uses a Quasi Experimental type that uses a one group pre-test and post-test design. This design is used because there is a pre-test before being

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treated, the results of the treatment can be known more accurately because they can be compared with the conditions before being treated. The study was conducted by providing interventions of finger hold techniques (10-finger gripping techniques) and positive affirmations (positive sentences said repeatedly to oneself) which were carried out for 15 minutes 4 times to respondents with a gap of 3-4 hours between the first and next interventions. The group will be measured on a pain scale both before and after the intervention of finger hold techniques and positive affirmations. The population in this study were 102 post-SC mothers at PKU Muhammadiyah Gombong Hospital.

This study was conducted from May to June 2025 at PKU Muhammadiyah Gombong Hospital. The sample in this study were mothers who gave birth after CS at PKU Muhammadiyah Gombong Hospital. The determination of the sample in this study used the purposive sampling method, namely a sampling technique by considering the inclusion and exclusion criteria. The inclusion criteria included mothers who gave birth after CS on the 1st day and were willing to be respondents, while the exclusion criteria were mothers who gave birth after CS who were admitted to the ICU, were uncooperative, and CS delivery with the type of Enhanced Recovery After Cesarean Surgery (ERACS).

This study was conducted on post-SC mothers at PKU Muhammadiyah Gombong Hospital with a total of 80 respondents. Then, the researcher explained the purpose, benefits, procedures for implementing the study and provided informed consent for the respondent's agreement. Before providing intervention, the researcher measured pain using the Numeric Rating Scale (NRS). The NRS questionnaire was not tested for validity because it had been tested for validity because it had been declared standard by Lie Liu & Her (2004) in (Dinengsih, 2017a; Qoyyimah et al., 2021a) which shows a value of $r = 0.090$ so that the NRS questionnaire is declared valid. Furthermore, the researcher provided interventions of fingerhold techniques and positive affirmations for 15 minutes 4 times to respondents with a gap of 3-4 hours between the first and next interventions. The researcher re-measured pain with NRS after the intervention was given.

Data were measured using pain measurement with the Numerating Rating Scale (NRS). The level of pain intensity can be assessed at the initial treatment, or periodically after treatment. In measuring this pain scale, patients are asked to rate the pain experienced using the numbers 0-10. The higher the number chosen, the more pain is felt. The interpretation of pain with the NRS includes Number 0 means no pain, Number 1-3 means mild pain, Number 4-6 means moderate pain and Number 7-10 means severe pain.

Data analysis in this study used univariate analysis that described each variable of age, education and parity. Bivariate analysis was used to test the effect of Fingerhold Technique and Positive Affirmation on Post SC pain using the Wilcoxon Test.

This research has been conducted Research ethics permit is based on six basic principles of research: beneficence, nonmaleficence, fidelity and responsibility, integrity, justice, respect for person and ethical clearance. Ethical clearance is a written statement

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from the ethics commission for research involving living things. It states that research can be conducted after meeting certain requirements. This research has received ethical approval from the Ethics Commission of Muhammadiyah University of Gombong, with certificate number No: Number: 039.6 / II.3.AU / F / KEPK / II / 2025 issued on February 11, 2025, valid until February 11, 2026.

RESULTS

After one month of research in Kretek Village, the data were obtained and processed through editing, coding, scoring, tabulation, entry and cleaning. The results of the study are presented in univariate and bivariate analysis using Stata.

Table 1. Respondent characteristic SC

Variables	Frequency (f)	Percentage (%)
Age		
20-35	63	78.75
>35	17	21.25
Parity		
Primipara	16	20
Multipara	51	63.75
Grand multipara	13	16.25
Education Status		
Base	5	5.26
Intermediate	69	60.53
Base	6	34.21

Based on Table 1, it can be explained that respondents have general characteristic SC, namely age, gravid status, status occupation and education status. The table shows that the average age is 20-35 years old with 63 respondents (78.75%). Regarding parity status, most are multigravida with 51 respondents (63.75%). Looking at education status, the average is secondary education with 69 respondents (60.53%).

Table 2. Frequency Distribution of Pretest and Posttest

Variables	Pain Before		Pain After	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Light	5	6.25	15	18.75
Currently	72	90	65	81.25
Heavy	3	3.75	0	0

Table 2 shows that before the intervention, some respondents experienced moderate pain as much as 72 people (90%) and severe pain as many as 3 people (3.75%). After being given intervention, the intensity of pain tended to decrease as indicated by no more respondents experiencing severe pain (0%) and some experiencing mild pain as many as 15 people (18.75%)

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Table 3. Effectiveness of Reducing Pain Scale with Fingerhold Technique and Positive Affirmation

Variables	Intervention Group		P-value
	Sign	Obs	
Painful	Positive	14	0.008
	Negative	1	
	Zero	65	
*p<-0.05			

Table 3 above explains that the results of the pre-test and post-test after the intervention of providing the Fingerhold Technique and Positive Affirmation to reduce pain experienced changes in pain.as much as 14 respondents, whose post-test results showed no change in pain as many as 65 respondents. At the same time, the results of the Wilcoxon test on the interventionThe Fingerhold Technique and Positive Affirmation on reducing pain showed significant results with a p value <0.001, which means that there was a decrease in pain after the Fingerhold Technique and Positive Affirmation intervention was given to post-SC mothers.

DISCUSSION

This study aims to apply fingerhold techniques and positive affirmations to see their effects on post-CS pain intensity. The results showed significant changes after being given the application of fingerhold techniques and positive affirmations to reduce post-CS pain compared to before being given.

In terms of age factor according to (Raharja & Aini, 2023) age can affect the perception and reaction to pain. The more mature the easier it is to express the pain felt, in contrast to children who still find it difficult to express pain. In addition, the experience of pain in someone who often experiences the sensation of pain or has experienced the same type of pain repeatedly for a long time, then the pain is successfully overcome, will make it easier for the individual to interpret the sensation of pain. Conversely, if someone has never felt pain, the first perception of pain can interfere with coping with pain.

The pain experienced by primiparous mothers is different from multiparous mothers, because multiparous mothers already have experience of their pregnancy. This is in accordance with the results of the study. Ikhlasiah et al (2017) that the level of pain in post-SC multiparous mothers mostly experiences anxiety with mild levels of pain.

Education level can affect a person in thinking and acting, people with higher education will find it easier to think rationally so that it is easier to solve problems and know how to have positive coping mechanisms. It is undeniable that the higher a person's education, the easier it is for them to receive information, and in the end the knowledge they have will increase. Conversely, if a person has a low level of education, it will hinder the

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development of that person's attitude towards receiving information and newly introduced values.(Raharja & Aini, 2023).

During the Caesarean Section operation, an incision wound occurs in the mother's abdomen and uterus which causes the incontinence of the abdominal and uterine tissue to be broken. This results in pain felt by the mother. Post-Caesarean Section mothers are indeed given analgesic drugs in the first 24 hours to overcome the pain that arises, but the pain will still be felt and varies from one mother to another depending on the pain threshold they have. The mother's body is used to move or be active, so the pain will be felt even more(Liu et al., 2022).

Fingerhold technique is part of Jin Shin Jyutsu is a Japanese acupressure art form that uses simple touch of the hands and breathing to balance the energy in the body. The hands (fingers and palms) are simple and powerful tools to align and bring the body into balance. (Hill, 2017). The results of this non-pharmacological method, the patient feels relaxed and comfortable but the intensity of the pain does not immediately disappear but the intensity of the pain felt can be reduced little by little. A decrease in pain can occur when post-cesarean mothers do fingerhold relaxation techniques to control the pain felt by inhibiting pain neurotransmitters. This stimulus makes post-cesarean mothers feel comfortable and reduces the source of depression so that pain can be controlled (Perry & Potter, 2017)

Based on the results of the researcher's observations, in caesarean section surgery, pain is usually felt after giving birth, due to the effects of the anesthetic which will disappear about 2 hours after the delivery process is complete. After the anesthetic wears off, pain in the abdomen begins to be felt due to wounds in the abdomen. The mechanism of pain is based on multiple processes, namely nociception, peripheral sensitization, phenotype changes, central sensitization, ectopic excitability, structural reorganization, and decreased inhibition. Between tissue injury stimuli and subjective pain experiences, there are four separate processes of transduction, transmission, modulation, and perception. Pain stimuli are received by nociceptors in the skin and viscera. Necrotic cells will release K⁺ and intracellular proteins that can cause inflammation. Pain-causing mediators will be released (Karcz M et al., 2024) The finger grip relaxation technique, which involves finger catching, deep breathing, and muscle relaxation, helps relieve tension and increase pain tolerance. This method is suitable for use at home and in hospitals to reduce postoperative pain (Dhanraj Babu et al., 2025).

The results of this study are in accordance with the results of Damayanti's study (2019) which stated that before giving fingerhold relaxation, 13 respondents (65%) experienced moderate pain. After giving fingerhold relaxation, most of them experienced mild pain, 12 respondents (60%) with a p-value = 0.001, which means that there is an effect of fingerhold relaxation on reducing pain in post-cesarean section patients.

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Research conducted by Nurhayati et al (2019) by title "The Effectiveness of Guided Imagery Therapy on Pain Intensity in Post Sectio Caesaria Mothers" also obtained similar results, namely that there was a significant influence between before and after fingerhold treatment, which showed a p -value = 0.001, meaning that there was an influence of the use of fingerhold techniques on reducing pain in post-cesarean section patients.

Fingerhold relaxation can control and restore emotions that will make the body relax. The presence of pain stimulation in surgical wounds causes the release of pain mediators that will stimulate the transmission of impulses along the nociceptor afferent fibers to the gelatinous substance (gateway) in the spinal cord to then pass through the thalamus and then be delivered to the cerebral cortex and interpreted as pain. Fingerhold relaxation treatment will produce impulses that are sent through the nociceptor - non-nociceptor afferent nerve fibers. Non-nociceptor nerve fibers cause the "gateway" to close so that the pain stimulus is inhibited and reduced. The two gate control theory states that there is one "gateway" in the thalamus causing stimulation to the cerebral context to be inhibited so that the intensity of pain is reduced for the second time.

Research on finger hold relaxation technique as a non-pharmacological intervention to reduce post sectio caesarea pain has several strengths that support its validity and applicability in clinical practice. Finger hold is a simple, safe, and easy technique to be applied by patients independently without the need for additional tools or drugs (Zimpel et al., 2020). This makes it particularly relevant in healthcare settings with limited resources. In addition, this technique is based on a strong physiological mechanism, the Gate Control Theory, where finger stimulation can trigger A-beta nerve fibers that function to inhibit the transmission of pain signals in the spinal cord. Several studies have shown the effectiveness of this technique in significantly reducing pain. For example, a study by Ika Wardani & Sri Fitriani (2022) However, most of the available journals are local or regional studies, with limitations in international methodological standards and have not been widely conducted in randomized controlled trial (RCT) designs, as suggested by Sinambela & Tamba (2023). Therefore, further research is needed with a more rigorous design, larger sample size, and longer intervention period to strengthen scientific evidence regarding the effectiveness of the finger hold technique in reducing post sectio caesarea pain.

CONCLUSION

The difference in pain before and after the intervention of fingerhold technique and positive affirmation, obtained significant results with a p value = 0.008 meaning that there was a better change in pain in post-SC mothers. It is expected that the intervention of fingerhold technique and positive affirmation in post-SC mothers can be a hospital policy in dealing with pain complaints. Further research can be done by conducting research on

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fingerhold technique and positive affirmation on sleep quality and acceleration of mobilization in post-SC patients.

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