


The Effect Of Benson's Relaxation Technique On Pain Reduction In Post-Operative Cesarean Section Patients In The Postpartum Care Room At RSUD Dr. M.M Dunda

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Article Info	ABSTRACT
<p>Keywords: Benson's Relaxation Technique Pain Reduction Post-Operative Cesarean Section Postpartum Care</p>	<p>The objective of this study is to determine the effect of Benson Relaxation Therapy on pain reduction in post-operative cesarean section patients in the Postpartum Care Room at RSUD dr. M.M Dunda. This research is a quantitative, analytical study aimed at understanding and predicting the effects of Benson's relaxation technique on pain reduction in post-cesarean patients. It uses a pre-experimental design with repeated measurements at pre-test and post-test stages. Conducted at RSUD dr. M.M Dunda in June 2024, the study involves 33 post-cesarean mothers from a population of 124. Non-probability sampling is used with specific inclusion and exclusion criteria. Data analysis includes univariate and bivariate tests, with normality testing via the Kolmogorov-Smirnov test. The study tests the hypothesis that Benson's relaxation technique reduces pain in post-cesarean patients, with a significance level of $\alpha = 0.05$. Based on the research findings, the following conclusions can be drawn: First, prior to the Benson relaxation therapy, the average pain scale for postoperative cesarean section patients showed severe pain, with 16 patients (48.5%) experiencing this level of pain. Second, after undergoing Benson relaxation therapy, the average pain scale decreased, with 26 patients (78.8%) reporting mild pain. Lastly, there is a significant effect of Benson relaxation therapy on reducing pain in postoperative cesarean section patients in the postpartum ward at RSUD dr. M.M Dunda, as evidenced by a p-value of 0.000, which is less than 0.05.</p>
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INTRODUCTION

Childbirth is the process of expelling the products of conception, including the fetus, placenta, and amniotic fluid, from the uterus through the birth canal and abdomen. The process of releasing the fetus and urine as the products of conception from the uterus or through another method is known as labor. There are two types of labor: vaginal delivery, referred to as normal delivery, and delivery via cesarean section. Cesarean section is an artificial method of delivery

where the fetus is delivered through an incision in the abdominal and uterine walls, with the uterine nerves intact, and the weight of the fetus is above 500 grams (Armayanti et al., 2024).

According to a recent study by (WHO, 2023) the use of cesarean section continues to rise globally, now accounting for more than 1 in 5 (21%) of all births. This number is expected to keep increasing in the coming decades, with nearly a third (29%) of all births likely to be delivered by cesarean section by 2030. The growing number of mothers undergoing cesarean section raises concerns about the post-cesarean care for mothers. Based on data from (Kementerian Kesehatan Republik Indonesia, 2021) the rate of cesarean deliveries in Indonesia stands at 17.6%. Indications for cesarean section include several complications, with the following percentages: fetal malpresentation/transverse lie (3.1%), bleeding (2.4%), eclampsia (0.2%), premature rupture of membranes (5.6%), prolonged labor (4.3%), umbilical cord prolapse (2.9%), placenta previa (0.7%), retained placenta (0.8%), hypertension (2.7%), and others (4.6%). According to the 2021 SKDI (Indonesia Demographic and Health Survey), the cesarean section rate in Indonesia was 17% of total births in healthcare facilities. This shows an increase in cesarean deliveries compared to the 2020 data, which was 13% (Komarijah & Waroh, 2023). Another study conducted by (Susilawati et al., 2023) found that the rate of cesarean section in Indonesia has exceeded the WHO's recommended maximum standard of 5-15%. According to the 2020 Riskesdas data, the cesarean delivery rate in Indonesia is 15.3%, based on a sample of 20,591 mothers who gave birth in the last 5 years, interviewed in 33 provinces. The risk factors for mothers during childbirth or cesarean section include 13.4% due to premature rupture of membranes, 5.49% due to preeclampsia, 5.14% due to bleeding, 4.40% due to obstructed labor, and 2.3% due to uterine rupture.

Problems that arise from cesarean section include complications from the incision or tear in the abdominal wall, which can lead to tissue continuity changes, causing pain from the incision process. Patients often experience pain in the back and neck, which is common among those post-cesarean. This is attributed to the effects of the epidural anesthesia used during the surgery. The pain experienced by post-cesarean patients can lead to further issues, such as discomfort during early mobilization due to the intensity of pain after the operation (Hendring et al., 2020). The impact of untreated pain, ranging from mild to severe, can disrupt physical mobility, basic needs fulfillment, and even lead to neurogenic shock in patients. Furthermore, untreated pain can affect bonding attachment, hinder daily activities (Activity of Daily Living or ADL), and influence early initiation of breastfeeding (IMD) (Sari & Rumhaeni, 2020).

The role of nurses in caring for mothers with post-cesarean sections includes being a caregiver (provider of nursing care). Pain management aims to reduce the pain that occurs and can involve both pharmacological and non-pharmacological methods. The advantage of pharmacological techniques is that they can manage pain quickly; however, taking medications prescribed by doctors for long periods can pose health risks or side effects, such as kidney problems. Some non-pharmacological treatments, such as Benson relaxation therapy, acupuncture, cold-heat compresses, touch massage, and hypnosis, can also be used

to reduce pain. One non-pharmacological implementation for reducing pain levels is relaxation (Anggraini & Utami, 2024).

Relaxation techniques have the advantage of being easy to apply anytime and by anyone, without side effects or harmful indications, compared to other nursing interventions. The development of Benson relaxation, which integrates various relaxation techniques with personal belief systems, is one of the easiest and cost-free relaxation approaches (faith factor). This relaxation method mainly focuses on spoken words with a predictable rhythm and gentle tone, while remembering God (Sari & Rumhaeni, 2020). Benson relaxation therapy can gradually reduce pain without causing any side effects. One non-pharmacological technique provided is Benson's relaxation therapy. This technique is a form of relaxation that can be applied to manage pain by diverting attention through relaxation, which helps change or reduce the client's awareness of pain (Febiantri & Machmudah, 2021). The permissibility of performing a cesarean section to save the life of the mother and child in certain medical indications is stated in QS. Al-Maidah (5): 32, which reads:

وَمَنْ جَمِيعًا النَّاسَ قَتَلْنَا فَكَأَنَّمَا الْأَرْضُ فِي فَسَادٍ أَوْ نَفْسٍ بَغِيرٍ ۖ نَفْسًا قَتَلَ مَنْ أَنَّهُ إِسْرَائِيلَ بَنِي عَلَى كَتَبْنَا ذَلِكَ أَجَلٍ مِنْ
۝۳ لِمُسْرِفُونَ الْأَرْضِ فِي ذَلِكَ بَعْدَ مِنْهُمْ كَثِيرًا إِنَّ تَمَّ بِالْبَيِّنَاتِ أَرْسَلْنَا جَاءَتْهُمْ وَلَقَدْ جَمِيعًا النَّاسَ أَحْيَا فَكَأَنَّمَا أَحْيَاهَا

The translation of QS. Al-Maidah (5): 32 is: *"Whoever kills a person, not in retaliation for murder or for spreading corruption on the earth, it is as if he has killed all of humanity. And whoever saves a life, it is as if he has saved all of humanity."*

This verse underscores the sanctity of life in Islam and emphasizes the moral responsibility of preserving life, which can be applied to the justification of medical procedures like cesarean sections to save the lives of the mother and child. The preliminary study conducted by the researcher at RSUD dr. M.M Dunda showed that between January and April 2024, there were 124 patients who underwent cesarean section (SC). Based on observations made by the researcher in the Postpartum Room of RSUD dr. M.M Dunda, it was found that the procedure for Benson Relaxation Therapy had not been established as a standard procedure in the form of an SOP (Standard Operating Procedure) for pain management. As a result, education about Benson Relaxation Therapy for post-SC patients was not maximized due to the lack of supervision and evaluation of the implementation of this education. Interviews conducted by the researcher with 10 post-cesarean mothers revealed that 7 out of 10 mothers complained of pain on a scale of 4-6. The pain was felt six hours after the effect of the anesthesia wore off. The method that had been implemented, as an adjunct to pharmacological therapy, was the deep breathing relaxation technique. However, this therapy had not fully addressed the pain experienced by the patients. Based on the background described above, the objective of this study is to determine the effect of Benson Relaxation Therapy on pain reduction in post-operative cesarean section patients in the Postpartum Care Room at RSUD dr. M.M Dunda.

METHODS

This research is a quantitative study with an analytical approach aimed at collecting and analyzing numerical data to explain, predict, and control the related phenomena. Quantitative

research emphasizes the processing of numerical data using statistical methods to find significant relationships between variables. The research design used is a pre-experimental design, which involves repeated measurements of the dependent variable, both in pre-test and post-test stages. This study is planned to be conducted at RSUD dr. M.M Dunda in June 2024, with a population consisting of mothers who have undergone a cesarean section (SC) and are being treated in the Postpartum Room of RSUD dr. M.M Dunda. Based on the preliminary study, there are 124 mothers with a sample size of 33 post-cesarean mothers.

The sampling technique used is non-probability sampling, with inclusion criteria that include respondents who are SC patients on the first day, have undergone post-SC for more than 6 hours, have stable general condition and vital signs, are cooperative, and are willing to follow the Benson relaxation therapy until completion. The exclusion criteria include respondents who cannot communicate, those undergoing ERACS, family members who do not give consent, and respondents who refuse informed consent.

For data analysis, univariate analysis is performed to describe the characteristics of the study variables, and bivariate analysis is conducted to examine the influence between the independent and dependent variables. Normality testing is carried out using Kolmogorov-Smirnov, and if the data is normally distributed, bivariate analysis is performed using paired t-test; if not, the Wilcoxon signed rank-test is used with a significance level of $\alpha = 0.05$. The hypothesis tested in this study is whether there is an effect of Benson relaxation therapy on pain reduction in post-cesarean patients in the postpartum care room at RSUD dr. M.M Dunda, with the alternative hypothesis (H_a) stating that there is an effect, and the null hypothesis (H_0) stating that there is no effect.

RESULTS AND DISCUSSION

Distribution of Respondent Characteristics

The distribution of respondent characteristics is presented in the table below:

Table 1. Frequency Distribution Based on Respondent Characteristics

No	Respondent Characteristics	Classification	Frequency (n)	Percentage (%)
1	Age	< 20 Years	16	48.5
		25 – 30 Years	11	33.3
		> 35 Years	6	18.2
2	Last Education Level	Elementary	8	24.2
		Junior High	10	30.3
		Senior High	12	36.4
		Higher Education	2	6.1
		No School	1	3.0
3	Parity	Primipara	26	78.8
		Multipara	7	21.2
Total			33	100.0

Source: Primary Data, 2024

Based on the table above, it is evident that the majority of respondents are in the age group of less than 20 years, with 16 people (48.5%), while the lowest group is the age group of over 35 years, with 6 people (18.2%). In terms of the last education level, most respondents have completed senior high school, with 12 people (36.4%), and the lowest category is those with no formal education, with 1 person (3%). Regarding parity, most respondents are primiparas, with 26 people (78.8%), while the lowest group consists of multiparas, with 7 people (21.2%).

Post-Operative Pain Scale After Sectio Caesarea Before Benson Relaxation Therapy in the Postpartum Care Room at RSUD dr. M.M Dunda

Table 2. Post-Operative Pain Scale After Sectio Caesarea Before Benson Relaxation Therapy

No	Pain Level	Frequency (n)	Percentage (%)
1	Mild	2	6.1
2	Moderate	15	45.5
3	Severe	16	48.5
Total		33	100%

Source: Primary Data, 2024

Based on Table 2, it can be seen that the average post-operative pain scale after sectio caesarea before the Benson relaxation therapy is in the severe pain category, with 16 people (48.5%) reporting severe pain. This is followed by moderate pain with 15 people (45.5%), and the lowest category is mild pain, with only 2 people (6.1%).

Post-Operative Pain Scale After Sectio Caesarea After Benson Relaxation Therapy in the Postpartum Care Room at RSUD dr. M.M Dunda

Table 3. Post-Operative Pain Scale After Sectio Caesarea After Benson Relaxation Therapy

No	Pain Level	Frequency (n)	Percentage (%)
1	Mild	26	78.8
2	Moderate	3	9.1
3	Severe	4	12.1
Total		33	100%

Source: Primary Data, 2024

Based on the table above, it can be observed that the average post-operative pain scale after sectio caesarea, after Benson relaxation therapy, shows that most respondents experienced mild pain, with 26 people (78.8%). In contrast, the lowest category was severe pain, with only 4 people (12.1%).

Normality Test of Data

Before conducting the bivariate analysis, a normality test must be performed on both the intervention and control groups, both before and after treatment. The normality test helps determine which statistical test to use. The results of the normality test using the Shapiro-Wilk method ($n = 33 < 50$) are as follows:

Table 4. Normality Test of Pain Before and After Treatment

Variable	Pre/Post	p-value
Post-op pain (SC)	Pre	0.001
	Post	0.000

Shapiro-Wilk

Based on Table 4 above, it is evident that the post-operative pain variable does not meet the normality assumption ($p\text{-value} < 0.05$). Therefore, the statistical test used for the paired group data (pre-test and post-test) is the non-parametric Wilcoxon signed-rank test. **The Effect of Benson Relaxation Therapy on Pain Reduction in Post-Op Sectio Caesarea Patients in the Nifas Care Room at RSUD dr. M.M Dunda**

Table 5. The Effect of Benson Relaxation Therapy on Pain Reduction in Post-Op Sectio Caesarea Patients in the Nifas Care Room at RSUD dr. M.M Dunda

Group	Pretest	Posttest	Δ (Difference)	P-value
Intervention	6.70 ± 2.456	3.12 ± 2.205	3.00 ± 3.021	0.000

Source: Primary Data, 2024

Based on Table 5 above, it is observed that prior to the intervention (Benson relaxation therapy), the majority of patients experienced severe pain, with an average pain score of 6.7. After the intervention, the pain level decreased to mild pain, with an average score of 3.12. This indicates a pain reduction of 3 points before and after the intervention. The results of the non-parametric Wilcoxon signed-rank test show that there is a significant effect of Benson Relaxation Therapy on pain reduction in post-op Sectio Caesarea patients in the Nifas Care Room at RSUD dr. M.M Dunda, with a $p\text{-value}$ of 0.000.

Pain Scale in Post-Operative Sectio Caesarea Patients Before Benson Relaxation Therapy at RSUD dr. M.M Dunda

Based on the research findings, the average pain scale for post-operative Sectio Caesarea patients before undergoing Benson relaxation therapy indicates that the majority of patients experienced severe pain, with 16 patients (48.5%) reporting severe pain. The lowest frequency was found in the mild pain category, with 2 patients (6.1%). In detail, severe pain (scale 7-10) was commonly observed in most post-cesarean mothers. The pain was described as sharp and occasionally burning around the incision site, with sensations similar to being cut. The pain occurred unpredictably, often at night, causing sleep disturbances. Mothers appeared to grimace and localized the pain around their abdomen. The pain intensity increased when changing sleeping positions, and the pain episodes lasted approximately 15 minutes, occurring 5-6 times per day.

The findings of this study align with the common occurrence of severe and moderate pain in post-cesarean mothers due to the abdominal incision. The pain tends to worsen as the effects of anesthesia, initially used to numb the pain, begin to wear off about 6 hours after the surgery. Based on the researcher's observations in the field, the pain experienced by each mother varied, as pain is a physiological response that differs from person to person. Post-

cesarean mothers had difficulty moving or breastfeeding their babies because pain intensified with movement. Additionally, pain disturbed their daily activities. This is in line with the theory that pain is a common issue among post-cesarean patients due to the surgical incision, which releases various intracellular substances into the extracellular space, stimulating nociceptors. These nerve fibers send pain signals to the brain via neurotransmitters such as prostaglandins and epinephrine (Nuryanti et al., 2023). Similarly, (Bao et al., 2022) found that, prior to the relaxation intervention, post-appendectomy patients had an average pain score of 6.62.

Among the post-cesarean mothers, 15 patients (45.5%) reported moderate pain. The pain would come and go, not persisting when the patient changed positions but disappearing when resting. These mothers seemed to have adapted to the pain, especially those who had previously experienced a C-section. They exhibited slower movement and had moderate pain levels (score 5-6), with pain episodes occurring about 4-5 times a day for 10-15 minutes, described as a sharp, stabbing pain. The mothers did not take pain medication, as they believed the pain would subside on its own and would not have long-term effects. On the other hand, 2 patients (6.1%) reported mild pain (pain scale 2-3), which they described as pressure-like. The pain occurred in the morning when changing positions or shifting their bodies but lasted less than 5 minutes and would disappear upon rest. These mild pain episodes occurred 1-2 times per day. These patients had previous experience with a C-section and had already been informed by healthcare providers about pain management techniques, such as deep breathing relaxation and aromatherapy, which helped manage and prevent the pain from escalating to severe levels. Having prior experience with pain, these mothers remained calm and relaxed, making it easier to manage the pain when it arose.

This aligns with the theory that one of the interventions that can be used to manage pain is relaxation techniques. While many relaxation methods exist, deep breathing relaxation is recognized as an effective nursing intervention to control pain in an efficient and effective manner (Morita et al., 2020). Previous studies have shown that, prior to deep breathing relaxation interventions, most patients experienced moderate pain (scale 6). However, after the deep breathing relaxation intervention, most patients reported a reduction in pain intensity, dropping to mild pain (scale 3). This suggests that deep breathing relaxation is an effective complementary therapy that can help post-cesarean patients manage and reduce pain independently (Susilawati et al., 2023).

Postoperative Pain Scale After Benson Relaxation Therapy in the Postpartum Room of RSUD dr. M.M Dunda

Based on the research results, after the implementation of Benson relaxation therapy, the majority of postpartum cesarean section patients experienced a reduction in pain intensity. The average pain scale showed mild pain in 26 individuals (78.8%), while 4 individuals (12.1%) still experienced severe pain. Benson relaxation has proven effective in reducing pain perception by diverting the patient's focus from the pain and creating a more comfortable environment. This is supported by the theory that the technique works by calming the patient's mind and involving the factor of belief, which can influence the cerebral cortex. Benson relaxation, which incorporates religious elements, allows patients to feel more

at peace and confident in "the creator's power," which in turn enhances endogenous analgesia processes and reduces pain perception. This is consistent with the research by (Amir, 2020) which stated that Benson relaxation therapy creates an internal environment conducive to healing and well-being.

The reduction in pain scale in postpartum cesarean section patients after Benson therapy is also supported by the research of (A. Solehati et al., 2022) which showed a decrease in the average pain score of post-mastectomy patients after undergoing Benson relaxation techniques, to 2.71. The main goal of this technique is to create a comfortable environment that helps redirect focus from pain and reduce pain sensations in the hypothalamus. However, pain reduction may not always be optimal if the Benson relaxation therapy is not performed correctly or repetitively, as explained by (Bagus Setiyanto, 2021) who stated that the combination of relaxation therapy with analgesics such as norepinephrine and intravenous ketamine can also contribute to postoperative pain reduction. Analgesics work by disrupting the transmission of pain stimuli, helping to alter pain perception. For some patients who still experience severe pain after therapy, factors such as improper technique or lack of focus during the therapy may be the cause. This occurred in 4 individuals (12.1%) who still experienced pain with a scale of 8-9, with a frequency of 4-5 times a day and a duration of ± 15 minutes. Some of these patients were unable to follow the procedure correctly, such as holding their breath for three seconds, or they did not mobilize after therapy, which hindered the healing process.

Additionally, research indicates that early mobilization can help reduce postoperative pain intensity. According to (Ningrum et al., 2024) early mobilization can improve blood circulation, accelerate wound healing, and reduce pain. This is in line with the research by (Susilawati et al., 2023) which showed that patients who underwent early mobilization after cesarean section surgery experienced a reduction in pain scale from moderate to mild. Overall, Benson relaxation therapy contributes significantly to reducing pain intensity after cesarean section, although other factors such as correct technique, support from early mobilization, and the use of analgesics also play a crucial role in achieving optimal results.

The Effect of Benson Relaxation Therapy on Pain Reduction in Postoperative Cesarean Section Patients in the Postpartum Ward at RSUD dr. M.M Dunda

The implementation of this study began with an explanation to the respondents about the goal of the study, which was to reduce postoperative pain following a cesarean section. The respondents were generally cooperative and willing to sign the informed consent, which explained that the research would be carried out over three days. In practice, the pain that emerged more than 6 hours after surgery was due to the loss of anesthetic effects, with the patients experiencing severe pain, with an average pain score of 6.7. The patients appeared to grimace and localize the pain, and were reluctant to move much due to the discomfort and fear that their surgical wounds might open. Subsequently, the researcher explained about Benson relaxation therapy, which could reduce the pain the patients were feeling. The next step involved identifying words or phrases that reflected the respondents' beliefs and motivations for recovery. The majority of the respondents chose the phrase "Subhanallah

walhamdulillah wala ilaha illallah wallahu akbar” meaning “Glory be to Allah, all praise is due to Allah, there is no deity worthy of worship except Allah, and Allah is the Greatest.” By remembering Allah’s power, the respondents believed that the pain they felt was a gift from God and that it would gradually be alleviated by divine intervention.

The therapy was carried out for three days, with one session per day in the morning lasting 10-15 minutes. After the intervention, the pain scale decreased to mild pain, with an average pain score of 3.12. This indicated a reduction in pain by 3 points before and after the intervention. The patients reported that their pain decreased and gradually disappeared, only returning when they changed positions from lying to sitting. According to the patients, the pain also helped increase relaxation and comfort during their stay in the hospital, preventing excessive postpartum anxiety. Based on the non-parametric statistical test (Wilcoxon signed-rank test), there was a significant effect of Benson relaxation therapy on pain reduction in postoperative cesarean section patients in the postpartum ward at RSUD dr. M.M Dunda.

This finding is in line with a study conducted by (T. Solehati & Rustina, 2015) the statistical test using an independent t-test showed a p-value of $(0.000) < (0.05)$, thus rejecting the null hypothesis and concluding that Benson relaxation was effective in reducing pain scores in postpartum cesarean section patients. Severe pain after cesarean surgery is a complex physiological response caused by tension in the stomach and intestines, tissue damage, and uterine contractions. This pain can make patients uncomfortable. Pain experienced by cesarean section patients is generally more intense than that in vaginal delivery patients. The pain in post-cesarean clients can cause other problems, such as discomfort during early mobilization due to the pain intensity after surgery (Wahyu & Lina, 2019). One impact of post-cesarean pain is that the patient’s mobilization becomes limited. Increased pain when moving interferes with daily activities (ADL), bonding attachment, and early initiation of breastfeeding (IMD), which cannot be achieved (Ghazali et al., 2021).

Relaxation techniques have the advantage of being easy to apply anytime and by anyone, with no side effects or dangerous indications compared to other nursing interventions. The development of Benson relaxation techniques, which integrate various relaxation techniques with personal belief systems, is one of the easiest and cost-free relaxation approaches (faith factor). This relaxation technique mainly focuses on words spoken in a predictable rhythm and soft tone while remembering God (Rumhaeni, 2021). Benson relaxation therapy can gradually reduce pain and has no side effects. The non-pharmacological technique provided is Benson relaxation therapy. Benson relaxation is a technique that can be applied to address pain by diverting attention through relaxation, thereby changing or reducing the client’s awareness of the pain (Febiantri & Machmudah, 2021).

In addition to the relaxation benefits, Benson relaxation also provides spiritual benefits, such as enhancing faith and possibly leading to transcendental experiences. Individuals experiencing tension and anxiety use the sympathetic nervous system, while the parasympathetic nervous system is activated during relaxation. Thus, relaxation can reduce tension, anxiety, insomnia, and pain (Anggraini & Utami, 2024). The researcher assumes that

the more frequently the respondents practice Benson relaxation, the more the pain after a cesarean section will decrease, and the mothers will feel calmer and more comfortable. This happens when the respondents relax all their muscles, adopt a comfortable position, breathe through their noses, and repeat the phrase “istighfar,” which helps regulate brain waves and blood circulation. The researcher also states that when individuals perform relaxation, the physiological reactions they experience will be reduced. The technique of pain reduction through Benson relaxation is essentially a combination of relaxation with a philosophical or religious belief factor. However, one difficulty in performing Benson relaxation is the wandering mind, which can be prevented by repeating words or phrases. Based on the above explanation, it can be concluded that Benson relaxation therapy has an effect on reducing postoperative pain intensity after cesarean section in the postpartum ward at RSUD dr. M.M Dunda.

CONCLUSION

Based on the research findings, the following conclusions can be drawn: First, prior to the Benson relaxation therapy, the average pain scale for postoperative cesarean section patients showed severe pain, with 16 patients (48.5%) experiencing this level of pain. Second, after undergoing Benson relaxation therapy, the average pain scale decreased, with 26 patients (78.8%) reporting mild pain. Lastly, there is a significant effect of Benson relaxation therapy on reducing pain in postoperative cesarean section patients in the postpartum ward at RSUD dr. M.M Dunda, as evidenced by a p-value of 0.000, which is less than 0.05.

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