

UNIVERSITI TEKNOLOGI MARA

**THE ROLE OF INTRAPARTUM
SHIATSU MASSAGE DURING
LABOUR IN SAMARINDA,
INDONESIA: A MIXED-METHODS
STUDY**

HESTRI NORHAPIFAH

Thesis submitted in fulfilment
of the requirements for the degree of
**Doctor of Philosophy
(Medicine)**

Faculty of Medicine

December 2025

ABSTRACT

Labour pain persists as a challenge, and exploring alternative pain relief methods is crucial. Shiatsu massage shows potential based on available evidence. However, conclusive support for its efficacy and safety in alleviating pain and anxiety during labour is lacking. This study aimed to determine the efficacy and safety of intrapartum Shiatsu massage in reducing pain and anxiety during labour (quantitative phase), and to explore women's experiences and perceptions of Shiatsu massage during childbirth (qualitative phase). A concurrent mixed-methods design was employed in four randomly selected low-risk maternity clinics in Samarinda, East Kalimantan, Indonesia, from February to May 2022. In the quantitative phase, 80 participants were selected through systematic sampling. A quasi-experimental design was used, with two clinics assigned to the intervention group (routine care plus Shiatsu massage) and two to the control group (routine care only). Certified practitioners administered Shiatsu massage using a standardised protocol. Pain was measured using the Numeric Rating Scale (NRS), anxiety using the Hamilton Anxiety Rating Scale (HAM-A), and safety outcomes through clinical observation. Data were analysed using SPSS version 26. In the qualitative phase, ten participants from the intervention group were recruited through purposive sampling. Semi-structured interviews were conducted prior to discharge to explore their labour experiences and perceptions of Shiatsu massage. Thematic analysis was applied to the qualitative data. Quantitative findings indicated a significant reduction in pain ($p < 0.001$) and anxiety ($p < 0.001$) in the intervention group during the latent, active, and advanced active phases. Effect sizes were large for pain ($\eta^2 = 0.801$) and anxiety ($\eta^2 = 0.193$). There was no significant maternal or neonatal complications were associated with the intervention. Qualitative analysis revealed that participants perceived Shiatsu massage as calming and supportive, contributing to a more positive birth experience. Several expressed a willingness to use Shiatsu massage in future labours. Intrapartum Shiatsu massage appears to be an effective, safe, and well-accepted complementary therapy for reducing labour pain and anxiety. Its application could be especially valuable in settings with limited to pharmacological analgesics.

ACKNOWLEDGEMENT

Firstly, I wish to thank Allah SWT for providing me the opportunity to undertake my PhD and for enabling me to complete this long and challenging journey successfully. My gratitude and thanks go to my main supervisor Assoc. Prof. Dr. Mohamad Rodi Isa, and co- supervisor Assoc. Prof. Dr. Bahiyah Abdullah and Assoc. Prof. Dr. Salina Mohamed. Thank you for the support, patience and ideas in assisting me with this project.

I'm also grateful for the efficient assistance from the administrative staff at UiTM, including the Post Graduate Office and the Faculty of Medicine. Their professionalism made the administrative side of my studies smooth sailing.

I would like express my appreciation goes to the leadership of the maternity clinic and Parturients in Samarinda City who have granted permission for this research. In addition to the _____ which supports funding for this research.

Finally, I dedicate this thesis to the memory of my late beloved father and mother for his vision and determination to educate me. This accomplishment is a celebration for our entire family. Alhamdulillah.

TABLE OF CONTENTS

	Page
CONFIRMATION BY PANEL OF EXAMINERS	ii
AUTHOR’S DECLARATION	iii
ABSTRACT	iv
ACKNOWLEDGEMENT	v
TABLE OF CONTENTS	vi
LIST OF TABLES	x
LIST OF FIGURES	xii
LIST OF ABBREVIATIONS	xiv
 CHAPTER 1 INTRODUCTION	 1
1.1 Research Background	1
1.2 Problem Statement	4
1.3 Significance of Study	5
1.4 Research Question	6
1.5 Research Objectives	6
1.6 Hypothesis	7
1.7 Scope of The Study	8
1.8 Delimitations	8
 CHAPTER 2 LITERATURE REVIEW	 9
2.1 Introduction	9
2.2 Labour Physiology	9
2.3 Pain Physiology	10
2.4 Labour Pain	12
2.5 Mechanisms of Labour Pain	13
2.6 Response Labour Pain	16
2.7 Risk Factor of Labour Pain	17
2.8 Measurement of Pain Intensity	19
2.9 Management of Labour Pain	20

CHAPTER 1

INTRODUCTION

1.1 Research Background

Childbirth is an essential stage in a woman's life (Simanullang, 2021). However, the delivery process is often accompanied by considerable pain and can cause anxiety (Vixner, 2015). Pain is defined as an unpleasant sensation experienced by an individual (Lennon, 2018). One of the most severe pain experienced by women is labour pain (Baljon et al., 2020). Pain, especially during childbirth, is a complex phenomenon that involves physiological and psychological mechanisms (Bonapace et al., 2018; Simona, 2008). Physiologically, the mechanism of labour begins with uterine contractions followed by dilatation of the cervix, which allows the foetus to enter the pelvis, causing distension and stretching of the pelvic floor and vagina (Lennon, 2018). An increase in the frequency and intensity (Eyeberu et al., 2022) of pain due to uterine contractions is experienced by women as labour progresses (Eyeberu et al., 2022). It can affect the mother's psychological state, the delivery process, and the foetus's well-being (Tournaire, 2007).

A study by Melzack (2003) found that 15% of women had mild pain, 35% had moderate pain, 30% had severe pain, and 20% had extreme pain during labour. The perception of the severity of pain women experience during labour is caused by several factors, such as emotional stress, depression, and anxiety (Beigi, 2010). Anxiety and mental pressure caused by the severity of pain cause various adverse effects after childbirth (Farnham, 2020). The more severe the labour pain, the worse the effect is on the mother and foetus (Chantrasiri, 2021).

This anxiety can cause inhibition of oxytocin release, which then reduces uterine contractions and leads to prolonged labour, increasing the possibility of medical interventions such as the use of synthetic oxytocin (to increase contractions), epidural analgesia, or even a caesarean section (Simkin, 2004; Walter, 2021). Prolonged labour increases the risks of complications that may lead to maternal morbidity and mortality (Utami, 2020).

Approximately 210 million women get pregnant each year worldwide. More than 130 million births occur worldwide each year, more than four million in the