THE INFLUENCE OF MURROTAL QURAN ON ANXIETY DURING THE FIRST STAGE OF LABOR

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ABSTRAK : PENGARUH MURROTAL QURAN TERHADAP KECEMASAN SELAMA PROSES PERSALINAN KALA I

Masalah lain yang muncul selama persalinan yaitu kecemasan. Kecemasan merupakan respons emosional atau kekhawatiran berlebihan yang tidak jelas sehubungan dengan perasaan ketidakberdayaan. Dampak dari kecemasan dapat menimbulkan rasa sakit pada persalinan dan berakibat timbulnya kontraksi uterus dan dilatasi serviks yang tidak baik. Indonesia data ibu hamil yang mengalami kecemasan mencapai 107.000.000 atau 28,7% di mana kecemasan terjadi saat menjelang proses persalinan Tujuan penelitian diketahui pengaruh Murrotal Qur'an terhadap kecemasan selama proses persalinan kala I di Klinik Wede Ar Rachman Bandar Lampung.

Jenis penelitian kuantitatif, rancangan penelitian menggunakan *quasi-experimental design* dengan rancangan *two-group pre test-post test control group design*. Populasi dan sampel menggunakan 36 ibu bersalin kala I, 18 sebagai kelompok intervensi yaitu diberi Murrotal Qur'an dan 18 sebagai kelompok kontrol, penelitian ini telah dilaksanakan di Klinik Wede Ar Rachman Bandar Lampung pada bulan Februari s/d Juli Tahun 2024. Analisa data univariat dan bivariat menggunakan uji *independen test*.

Rata-rata kecemasan pada ibu bersalin Kala I sebelum mendengarkan Murrotal Qur'an Di Klinik Wede Ar Rachman Bandar Lampung terhadap 18 responden kelompok intervensi, dengan *mean* kecemasan 77,50 dengan kategori berat. Sedangkan sesudah mendengarkan Murrotal Qur'an dengan *mean* kecemasan 41,22 dengan kategori sedang, dengan selisih *mean* sebesar 36,28. Rata-rata kecemasan pada ibu bersalin Kala I kelompok kontrol di Klinik Wede Ar Rachman Bandar Lampung terhadap 18 responden dengan *mean* kecemasan 79,67 dengan kategori berat, dan dilakukan pengukuran ke dua pada kelompok kontrol dengan *mean* kecemasan 83,11 dengan kategori berat, dengan selisih *mean* sebesar 3,44. Hasil uji statistik menggunakan *tes-independen* didapat nilai *p-value 0.000* (α<0.05) yang artinya terdapat pengaruh murrotal qur'an dengan Kecemasan Pada Ibu Bersalin Kala I di Klinik Wede Ar Rachman Bandar Lampung. Diharapkan bidan dapat mengedukasi terapi Murrotal Al-Qur'an kepada ibu bersalin untuk menurunkan intensitas nyeri dan tingkat kecemasan.

Kata Kunci : Murrotal Quran, Kecemasan, Persalinan Kala I

ABSTRACT

Another problem that arises during labor is anxiety. Anxiety is an emotional response or excessive worry that is unclear in connection with feelings of helplessness. The impact of anxiety can cause pain during labor and result in poor uterine contractions and cervical dilatation. Data from Indonesia shows that 107 million pregnant women, or 28.7%, experience anxiety, especially nearing the labor process. The aim of this research was to determine the effect of Murrotal Qur'an on anxiety during the first stage of labor at the Wede Ar Rachman Clinic, Bandar Lampung.

This quantitative research used a quasi-experimental design with a two-group pre-test-post-test control group design. The population and sample consisted of 36 mothers in the first stage of labor, 18 in the intervention group who were given Murrotal Qur'an and 18 in the control group. This study was conducted at the Wede Ar Rachman Clinic, Bandar Lampung, from February to July 2024. Data analysis was performed using univariate and bivariate independent tests.

The average anxiety level of mothers in the intervention group before listening to Murrotal Qur'an was 77.50 (severe anxiety), and after listening, it decreased to 41.22 (moderate anxiety), with a mean difference of 36.28. In the control group, the average anxiety level was 79.67 (severe anxiety) before, and 83.11 (severe anxiety) after, with a mean difference of 3.44. Statistical testing using an independent test showed a p-value of 0.000 (α < 0.05), indicating a significant influence of Murrotal Qur'an on anxiety in mothers during the first stage

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of labor at the Wede Ar Rachman Clinic, Bandar Lampung. Midwives are encouraged to educate mothers about Murrotal Al-Quran therapy to reduce pain intensity and anxiety levels.

Keywords: Murrotal Quran, Anxiety, First Stage of Labor

INTRODUCTION

Labor is a natural process experienced by every pregnant woman, involving the stretching and dilation of the cervix due to uterine muscle contractions to facilitate the birth. Most mothers begin to feel labor pain during the active phase of the first stage, as contractions intensify to expel the baby (Sukarni & Margareth, 2019).

In 2020, maternal deaths occurred almost every two minutes. From 2000 to 2023, the maternal mortality ratio (MMR) worldwide decreased by about 34%. Nearly 95% of maternal deaths occurred in low- and middle-income countries in 2020 (WHO, 2023).

Indonesia has shown significant health improvements over the last decade, with life expectancy increasing from 70.20 years in 2012 to 71.85 years in 2022. The maternal mortality rate decreased from 346 deaths per 100,000 live births (2010 Census) to 189 deaths per 100,000 live births (2020 Census Long Form). Infant mortality also decreased from 26 deaths per 1,000 live births (2010 Census) to about 17 deaths per 1,000 live births (BPS, 2023).

Anxiety is an emotional response or excessive worry related to feelings of helplessness. According to the National Comorbidity Study, one in four people is diagnosed with an anxiety disorder. In Indonesia, 107 million pregnant women, or 28.7%, experience anxiety, especially near labor (Kemenkes RI, 2022).

Anxiety during labor in Lampung Province was studied by Octavia and Dainty (2021), showing that Citrus Aurantium aromatherapy affects anxiety during active labor. Before intervention, the average anxiety level was 28.03 (severe anxiety), decreasing to 14.93 (mild anxiety) after intervention, demonstrating the influence of Citrus Aurantium aromatherapy on labor anxiety.

Several factors influence labor, including contractions (power), birth canal (passage), fetus and placenta (passenger), psychological factors, and assistance (provider). Emotional factors like fear and anxiety can lead to prolonged labor. Anxiety impacts cervical dilation, causing pain and poor uterine contractions. An increase in pain intensity can lead to increased anxiety, and vice versa (Rahmy, 2013).

Pain and anxiety during labor can be managed with pharmacological and non-pharmacological therapies. Pharmacological therapies include systemic analgesia, narcotic analgesic compounds, mixed agonist-antagonist narcotic compounds, and agents for analgesic effects, with side effects like nausea and dizziness (Bobak, 2015).

Non-pharmacological anxiety management includes distraction techniques, support from spouses and family, deep breathing and muscle relaxation, prenatal yoga, meditation, hypnotherapy, and music therapy, such as Murrotal Al-Quran (Syafei & Suryadi, 2018). Previous research by Dwi Astuti et al. (2020) showed that anxiety can be minimized by listening to Murrotal, reducing factors that hinder concentration, thus improving concentration.

Murrotal Al-Quran can treat various disorders in body cells, providing positive effects and serving as a healing method. Listening to Murrotal induces relaxation, mediated by chemical substances promoting meditation, autosuggestion, and relaxation, resulting in a calming effect (Sekar Arum et al., 2021).

According to Rifiana & Sari (2019), respondents who listened to Murrotal Al-Quran experienced reduced pain, proving its effectiveness in reducing pain intensity in pregnant and laboring women. Rifaannudin's 2022 study also supported this, showing reduced labor pain with Murrotal Al-Quran therapy.

Murrotal therapy increases β-Endorphin levels, reducing pain intensity during active phase labor. The regularity of Murrotal Al-Quran's sound helps reduce tension, stabilizing blood pressure (Nurqalbi & Kamaruddin, 2019; Sunarsih, 2019). Murrotal therapy involves listening to short chapters from Juz 30, familiar to the listener, for 15 minutes, as seen in Handayani et al.'s 2014 study.

Distraction through Murrotal Al-Quran therapy can reduce anxiety. It is a treatment method encompassing all necessary programs and data to treat various bodily disorders. Listening to Murrotal induces calm and relaxation. Surah Al-Inshirah, the 94th chapter in the Quran, is believed to address anxiety and stress, as shown in a study by UIN Sunan Gunung Jati Bandung (Ansyah, 2019).

RESEARCH METHODS

This quantitative research used a quasi-experimental design with a two-group pre-test-post-test control group design. The study involved 36 mothers in the first stage of labor, 18 in the intervention group receiving Murrotal Qur'an, and 18 in the control group. Conducted at the Wede Ar Rachman Clinic, Bandar Lampung, from February to July 2024, data analysis utilized univariate and bivariate independent tests.

RESEARCH RESULTS
Respondent Characteristics

From Table 1, the most common age in the intervention group was not at risk (20-35 years) with 16 respondents (88.9%), and in the control group with 17 respondents (94.4%). Primipara parity was 12 respondents (66.7%) in the intervention group, with both multipara and primipara at 9 respondents (50.0%) in the control group.

Table 1
Characteristics of Mothers in the First Stage of Labor at Wede Ar Rachman Clinic, Bandar Lampung

Variable	Intervention		Control	
	F	P (%)	F	P (%)
Age				
Not at Risk (20-35 Years)	16	88.9	17	94.4
At Risk	2	11.1	1	5.6
Parity				
Multipara	6	33.3	9	50.0
Primipara	12	66.7	9	50.0

Univariate Analysis
Anxiety Before and After Intervention Group

From Table 2, the average anxiety level before listening to Murrotal Qur'an was 77.50 (severe anxiety) in the intervention group of 18 respondents. After listening, it decreased to 41.22 (moderate anxiety), with a mean difference of 36.28.

Table 2
Average Anxiety in Mothers During the First Stage of Labor Before and After Listening to Murrotal Qur'an at Wede Ar Rachman Clinic, Bandar Lampung

Variable	N	Mean	Mean Difference	SD	SE
Intervention					
Pre-test	18	77.50	36.28	11.754	2.770
Post-test	18	41.22	8.070	1.902	

Anxiety Before and After Control Group

Table 3
Average Anxiety in Mothers During the First Stage of Labor Before and After in the Control Group at Wede Ar Rachman Clinic, Bandar Lampung

Variable	N	Mean	Mean Difference	SD	SE
Control					
Pre-test	18	79.67	3.44	8.253	1.945
Post-test	18	83.11	7.145	1.684	

From Table 3, the average anxiety level in the control group was 79.67 (severe anxiety) before and 83.11 (severe anxiety) after, with a mean difference of 3.44.

Bivariate Analysis

Statistical testing using an independent test resulted in a p-value of 0.000 ($\alpha < 0.05$), indicating a significant influence of Murrotal Qur'an on anxiety in mothers during the first stage of labor at the Wede Ar Rachman Clinic, Bandar Lampung. The intervention group's mean anxiety was 41.22 (moderate), compared to 83.11 (severe) in the control group, with a mean difference of 41.89, highlighting the difference in anxiety levels between the intervention and control groups.

Table 4
Influence of Murrotal Qur'an on Anxiety in Mothers During the First Stage of Labor at Wede Ar Rachman Clinic, Bandar Lampung

Variable	N	Mean	Mean Difference	SD	t	P-Value
Anxiety						
Intervention	18	41.22	41.89	8.070	16.489	0.000
Control	18	83.11	7.145			

DISCUSSION
Univariate Analysis
Average Anxiety in Mothers During the First Stage of Labor Before and After Listening to Murrotal Qur'an at Wede Ar Rachman Clinic, Bandar Lampung

The average anxiety level before listening to Murrotal Qur'an in the intervention group was 77.50 (severe anxiety), decreasing to 41.22 (moderate anxiety) after listening, with a mean difference of 36.28. This is consistent with Aritonang et al. (2023), who found that Murrotal therapy reduced anxiety in mothers during labor, showing significant differences before and after therapy, with many respondents experiencing no anxiety post-therapy.

According to Nursalam (2011), anxiety is an initial reaction felt by patients and families when unexpected or unplanned hospitalization occurs. Anxiety is an emotional response that is challenging to observe directly, identified through changes in patient behavior.

Research shows that cervical dilation during labor is often accompanied by pain, a physiological condition that intensifies, reaching a peak during the active phase. Pain intensity affects the mother's psychological condition, labor process, and fetal well-being. Many mothers experience anxiety before labor due to uterine contractions causing pain, leading to anxiety.

Factors affecting anxiety during the first stage of labor include age. Pregnancy under 20 years can cause issues due to physical immaturity, increasing maternal and fetal mortality. This can trigger labor anxiety. Parity also influences anxiety; first-time mothers may experience anxiety due to fear and pain anticipation. Anxieties in multigravida mothers may stem from past painful labor experiences.

Anxiety during labor can cause stress, releasing excessive hormones like catecholamines and steroids, leading to smooth muscle tension and blood vessel constriction. This reduces uterine contractions, uteroplacental circulation, and oxygen flow to the uterus, resulting in increased pain impulses.

Average Anxiety in Mothers During the First Stage of Labor Before and After in the Control Group at Wede Ar Rachman Clinic, Bandar Lampung

In the control group, the average anxiety level was 79.67 (severe) before and 83.11 (severe) after, with a mean difference of 3.44. This aligns with Handayani et al. (2014), who found that Murrotal therapy reduced labor pain and anxiety, using paired t-test analysis.

According to Hawari (2018), anxiety is an emotional disorder marked by deep, persistent fear or worry, with the ability to assess reality intact, personality intact, and behavior within normal limits.

The first stage of labor involves cervical dilation from zero to complete. Initially, contractions are weak, allowing mothers to walk around. Labor is clinically declared when contractions occur, and a bloody show is present, lasting approximately 18-24 hours, divided into latent (8 hours for 0-3 cm dilation) and active (7 hours for 3-10 cm dilation) phases.

Anxiety involves a mix of unpleasant emotions, dominated by fear, worry, and uncontrollable restlessness towards unclear future threats. Factors causing anxiety include fear and worry about potential complications, fear of labor, first-time delivery, past negative birth experiences, lack of family support, and factors like parity, age, education, occupation, environmental trauma, and culture. Physical, mental, and psychological readiness can also trigger labor anxiety.

Bivariate Analysis
Influence of Murrotal Qur'an on Anxiety in Mothers During the First Stage of Labor at Wede Ar Rachman Clinic, Bandar Lampung

Statistical testing resulted in a p-value of 0.000 ($\alpha < 0.05$), indicating a significant influence of Murrotal Qur'an on anxiety. The intervention group's mean anxiety was 41.22 (moderate), compared to the control group's 83.11 (severe), with a mean difference of 41.89, highlighting the anxiety difference between the groups.

This aligns with Ulfah (2022), who found significant pain reduction with Murrotal Al-Quran therapy, showing a two-point decrease on the Numeric Rating Scale (NRS).

According to Faradisi (2017), slow, soft Quranic recitation induces relaxation. The belief in the Quran as divine guidance brings individuals closer to God, promoting relaxation. Listening to Murrotal Al-Quran brings religious relaxation.

In this study, most intervention group respondents were aged 20-35, considered not at risk. Anxiety in respondents was dominant in this age range, conflicting with Hanifah & Utami (2019), who noted that subjective maturity at this age influences maternal health. Cognitive and affective maturity creates effective coping mechanisms for stress. Ideally, women aged 20-35 handle stressors due to natural coping potential, though 35-year-olds may face personality conflicts. The gap between reality and fears easily triggers anxiety in pregnant women. Respondents aged 20-35 may struggle to adapt to new motherhood roles.

All respondents were in the third trimester, with first-time mothers experiencing first-time pregnancy anxiety, feeling more anxious as labor approaches. Lack of knowledge contributes to anxiety. Multigravida mothers may have anxiety from past experiences.

Primipara parity was 12 respondents (66.7%) in the intervention group. Parity affects anxiety; first-time mothers may have higher anxiety due to lack of experience. Primigravida mothers often don't know how to manage pregnancy and labor smoothly, influencing anxiety. Shodiqoh & Fahriani (2018) noted that primigravida mothers have higher anxiety compared to multigravida mothers due to lack of previous experience.

All respondents were in the active phase of the first stage of labor. Excessive worry can cause uterine muscular tension, slowing labor. Excessive stress hormones like cortisol and epinephrine affect smooth uterine muscles, reducing contractions, causing prolonged labor (Hayati, Herman & Agus, 2017).

Murrotal therapy involves interaction between professionals (midwives) and patients, bringing them closer to God. This interaction aims to change or heal thoughts, feelings, and behavior, providing mothers with peace, comfort, and behavioral improvements. Mothers receiving Murrotal therapy experience inner calm, reducing pre-operative anxiety. Pre-labor anxiety stems from fears of unsuccessful labor and concerns about post-labor recovery and seeing their baby. Limited information on procedures and expectations increases anxiety and fear. Listening to Murrotal Al Quran reduces anxiety during labor.

Listening to Murrotal Alqur'an reduces labor pain from moderate to mild, as respondents feel calm, reducing nerve tension and stress hormones, activating natural endorphins, increasing relaxation, and diverting focus from fear, anxiety, and tension. It improves body chemistry, lowering blood pressure, slowing respiration, heart rate, and brain wave activity. Deeper breathing is beneficial (Mahmudi, 2011). Murrotal Al-Quran therapy involves listening through speakers for 15 minutes, prompting mothers to close their eyes to focus on the sound. This calms and relaxes mothers. Quranic recitation stimulates the brain to produce pain-reducing hormones and inhibits pain-inducing hormones like cortisol.

CONCLUSION

The average anxiety level before listening to Murrotal Qur'an in the intervention group was 77.50 (severe anxiety), decreasing to 41.22 (moderate anxiety) after listening, with a mean difference of 36.28. In the control group, the average anxiety level was 79.67 (severe) before and 83.11 (severe) after, with a mean difference of 3.44. Statistical testing resulted in a p-value of 0.000 ($\alpha < 0.05$), indicating a significant influence of Murrotal Qur'an on anxiety in mothers during the first stage of labor at the Wede Ar Rachman Clinic, Bandar Lampung.

SUGESTION
For the Development of Midwifery Science

The research conducted by the researcher indicates that Murrotal Al-Qur'an therapy can influence anxiety levels in mothers during the active phase of labor. The results of this study are expected to serve as additional references for complementary therapy courses and can be included in midwifery course materials.

For Future Researchers

It is hoped that the results of this study can serve as a reference and input for future researchers, exploring different variables and comparing Murrotal Al-Qur'an therapy with other complementary therapies, such as aromatherapy and massage.

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