



## Qur'an Murottal Therapy for Decreasing Childbirth Pain and Anxiety in the Normal Phase II Childbirth Women

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**ABSTRACT:** *Childbirth is the process of the secretion of fetus, placenta, and membrane from the womb through birth canal. There are anxiety, panic, and worry about severe pain felt by women in the process of childbirth which causes its process to take a long time. To solve these problems, it is recommended that they take a deep breath and be accompanied by their husbands. One of the distraction techniques for solving anxiety is by conducting murottal therapy (listening to the Qur'an verses recital). The objective of the research was to find out the influence of the Qur'an Murottal therapy on the decrease in pain and anxiety during the process of childbirth in normal phase II childbirth women. The research used quasi experimental method with one group pretest-posttest design. The population was all women with normal childbirth in the Klinik Bersalin (Maternity Clinic) Dina, and 10 of them were used as the samples, taken by using accidental sampling technique. The instruments were observation sheets and the voice of the Qur'an recital recording. The data were analyzed by using univariate analysis and bivariate analysis with paired t-test. The result of the research showed that in pre-the Qur'an murottal therapy, the majority of respondents underwent the change to mild pain scale and underwent moderate anxiety. In post-therapy, it tended to be mild anxiety. The conclusion of the research was that there was the influence of the Qur'an murottal therapy on the decrease in childbirth pain and anxiety in normal childbirth Phase II women. It is recommended that the health care providers, especially midwives, apply the Qur'an murottal therapy in decreasing the level of pain and anxiety during the process of childbirth.*

**Keywords:** *The Qur'an Murottal, Pain, Anxiety, Childbirth*

### I. INTRODUCTION

Childbirth is the process of the secretion of fetus, placenta, and membrane from the womb through birth canal. This process begins with the opening and dilatation of cervix caused by uterus contraction with regular frequency, duration, and strength (Rohani, 2011).

Childbirth pain can bring about stress caused by the release of hormones like catecholamine and steroid. These hormones can cause stiffness in non-patterned muscles and vasoconstriction of blood vessels. Consequently, there is the decrease in uterus constriction, the decrease in uteroplacental circulation, the decrease in blood flow and oxygen uterus, the incidence of uterus ischemia which makes pain impulse increasing. Anxiety is the feeling of distrust as if something bad will happen and the feeling of discomfort as if there is a threat. A woman might feel scared of being painful and physically dangerous which will occur during the process of childbirth (Handayani, 2014).

Phase II is the stage which needs big energy in a childbirth. Positive feeling and active participation are needed by a childbirth woman so that her mental condition becomes relaxed that makes the process of childbirth fine and not cause stress in the baby. In this case, the husband plays an important role in supporting the process of childbirth (Sari N, 2010).

According to the result of the research conducted by Sembiring (2010) at dr. Pirngadi Hospital, Medan, from the interviews with the personnel in the Maternity Wards who directly took care of childbirth women in the process of childbirth, it was found that the women often felt anxious indicated by tension, panic, asking the personnel many questions about the development of childbirth, unstable feeling, restlessness, easily crying, and so on (Sembiring, 2010).



Based on the research done in the United States, it was found that 70% to 80% of women expected the process of childbirth to run smoothly, without pain. Various attempts have been made to make women not feeling painful during the process of childbirth. Today, from 20% until 50% of childbirth in the private hospitals in Indonesia are done by conducting Sectio Caesarean (operation). The high rate of sectio Caesarean occurs because women who want to give birth choose relatively less painful method. In Brazil, this rate reaches more than 50% of childbirth rate in a hospital which is the highest percentage throughout the world (Jayanthi, 2010).

One of distraction techniques used for solving anxiety is murottal therapy (listening the Qur'an recital). The result of the research conducted by Dr. Al Qadhi, the Chief Director of the Islamic Medicine Institute for Education and Research in Florida, USA, points out that there is the influence of listening to the Qur'an recital on human physiological and psychological perspective. He is successful in proving that by listening the Qur'an recital one can feel great physiological and psychological changes. The result of his research shows that 97% of his respondents feel peace in mind after having listened to the Qur'an recital and it can decrease reflective nerve tension (Handayani, 2014).

Murottal therapy is one of the musical therapies which has positive effect on its listeners. It can accelerate recovery as it has been proved by Ahmad Al Khadi, the Director of the Islamic Medicine Institute for Education and Research in Florida. In the XVII Annual Conference of the American Doctor Association, it was showed that listening to the Qur'an recital could have significant influence on decreasing reflective nerve tension, and this result was recorded and rated quantitatively and qualitatively with computerized based-devices (Hanndayani, 2014).

The research was going to be done in the Klinik Dina, Medan, one of the clinics which handles normal and pathological childbirth. Unfortunately, there is no effort to handle anxiety pharmacologically in this clinic, and there is also no effort to handle childbirth pain by using murottal technique. The objective of the research was to find out the influence of the Qur'an murottal therapy on decreasing childbirth pain and anxiety in normal phase II childbirth women in the Klinik Dina, Medan.

## II. LITERATURE REVIEW

### 2.1 Childbirth Pain

Pain is an uncomfortable feeling caused by the stimulus of special tips of nerve during the process of childbirth, feeling of pain caused by womb contraction, cervical dilatation, and perineum distension (Rohani, 2011).

#### 2.1.1 Phase 1 Pain

- Cervical dilatation and cervical leveling;
- Ischemic uterus is caused by the decrease in blood flow and the lack of oxygen supply which causes disorder in lumbar contraction in uterus. Pain which comes from spinal T 11-12 nerves and the upper lumbar sympathetic nerve center corpus and cervix. Pain is located in the lower bowels and spouts toward lumbar, back to hips (pain occurs only during contraction, and it disappears in the post-contraction).

#### 2.1.2 Phase 2 Pain

Pain occurs during expulsion (somatic pain)

- a) Stretching of perineum tissues;
- b) peritoneum traction and utero-cervical pushing during contraction;
- c) Expulsion or pressing power from bladder, rectum, pain impulse through sacrum 1-4, and para sympathetic system from perinea tissues.

#### 2.1.3 Phase 3 Pain

- a) After pain is similar to phase 1 pain.



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- b) It can be local pain, followed by cramp and fragment due to cervical laser, vagina, or perineum tissues;
- c) Pain as if it is burned because of tissue stretching, severe pain, nausea, and cramp;
- d) Pain responses: the change in attitude, anxiety, groaning with pain, crying, lamenting by giving hand signal for holding tightly, and wringing or body movement (Hutahean, 2009).

## 2.2 Childbirth Anxiety

Anxiety in phase 1 childbirth women can cause the increase in adrenalin secretion. One of the effects of adrenalin is the constriction of blood vessels so that oxygen supplied to the fetus decreases. The decrease in blood flow can also cause the weakness of womb contraction and the prolonged process of childbirth. Not only does adrenalin secretion increase but also the increase in ACTH (Adrenocorticotropiic) hormone) which causes the increase in cortisol serum content and blood sugar content (Sembiring, 2010).

### 1) Mild Anxiety

Mild anxiety is the feeling that something is different and needs special attention.

Censoric stimulation increases and helps an individual focus his attention to learning, solving problems, thinking, acting, feeling, and protecting him

### 1) Moderate Anxiety

Moderate anxiety is a disturbed feeling that there is something which is really different which makes him nervous.

### 2) Severe Anxiety

Severe anxiety is something which is different, and there is a threat so that one will feel scared and distressed in his response.

### 3) Panic

One will lose control and attention so that he is unable to do anything in spite of orders.

## 2.3 Childbirth

Childbirth is the process of the movement of the secretion of fetuses, placenta, and membrane from the womb through birth canal. This process begins with the opening and dilatation of cervix as the result of uterus contraction with frequency, duration, and strength (Rohani, 2011).

The enabling factor of the beginning of childbirth is not known since it is a complicated theory. It is necessary to know that there are dominant types of hormone during pregnancy:

### 1) Estrogen

- a. It increases the sensitivity of womb muscles;
- b. It makes easier the reception of stimulus from outside such as oxytocin stimulus, prostaglandin stimulus, and mechanic stimulus.

### 2) Progesterone

- a. It decreases the sensitivity of womb muscles;
- b. It makes difficult reception from outside such as oxytocin stimulus, prostaglandin stimulus, and mechanic stimulus;
- c. It causes womb muscles and smooth muscles to get relaxed.

## 2.4 The Qur'an Murottal

According to Hadi, Wahyuni, and Purwaningsih (2012), the Qur'an murottal therapy is a the Qur'an recital therapy, a religious therapy, in which the Qur'an verses are read to someone within a few minutes or hours so that it gives the impact on his body (Zahrofi, 2013)

In doing the Qur'an murottal, the researchers used cell-phones in recording. It consisted of short verses in chapter 30 which was easily memorized and familiar with the people's hearing which will eventually make easier for childbirth women. It was played within 20 minutes, and this method was in accordance with the research done by Cooke, Chaboyer, and Hiratos (2005). It gave the psychological impact on positive direction because when the murottal was performed and it reached the brain, it would be interpreted by the brain. Our



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perception is determined anything which has been accumulated: willingness, desire, needs, and pre-assumption.

The Qur'an verses used in this research for the Qur'an murottal therapy to decrease pain and anxiety in childbirth women were Surah Ash-Sharh, Surah At-Tin, Surah Al-Alaq, Surah Al-Qadr, Surah Al-Bayyinah, Surah Az-Zalzalah, Surah Al-Adiyat, Surah Al-Qori'ah, Surah At-Takathur, Surah Al-Asr, Surah Al-Humazah, Surah Al-Fil, Surah Quraysh, Surah Al-Ma'un, Surah Al-Kawthar, Surah Al-Kafirun, Surah An-Nasr, Surah Al-Masad, Surah Al-Ikhlash, Surah Al-Falaq, and Surah An-Nass

### III. RESEARCH METHOD

The research used quasi experimental approach. The objective of the research was to find out the influence of the Qur'an murottal on the decrease in childbirth pain and anxiety in the first phase II childbirth.

It also used cross sectional design by conducting the measurement and observation simultaneously among the risk factors of disease exposure. The type of design was one group pretest-posttest. The data were analyzed by using univariate analysis and bivariate analysis. It was done from January until March, 2018. The implementation of the Qur'an murottal and observation was done from February 2 until March 4, 2018.

The population was on the average of 12 childbirth women who gave birth normally each month in 2018 (from January until August, 2018) in the Klinik Dina, Medan. The samples were taken by using accidental sampling technique: the cases or respondents who were accidentally present or available on the spot that were related to the research; they were all normal childbirth phase II women in the Klinik Dina, Medan.

**Table 1.**  
**Definition of Research Operational Variables**

Research Variables	Definition	Measurement Device	Result of Measurement	Rating
<b>Independent Variables</b>	The Qur'an recital therapy was performed through cell-phones which can decrease childbirth pain and anxiety in normal phase II childbirth women	The Qur'an recording voice		
<b>Dependent Variables</b>	Uncomfortable condition such as excessive pain undergone by phase II normal childbirth women	Observation sheets	1) 0 : no pain 2) 1-3 : Mild Ordinal pain 3) 4-6 : Moderate pain 4) 7-9 : severe pain 5) 10 : very severe pain	
Childbirth pain				
Childbirth Anxiety	Uncertain scared feeling not supported by situation during childbirth like crying, groaning, and even kicking undergone by phase II normal childbirth women	Observation sheets	1) 0 : Ordinal anticipation 2) <4 : Mild 3) 5-8 : Moderate 4) 9-12 : Severe 5) 13-16 : Panic	

## IV. RESULTS & DISCUSSION

**Table 2**  
**Distributing Data on Respondents' Demography**

Result of Measurement	F	%
<b>Education</b>		
Elementary School	1	10.0
Junior High School	5	50.0
Senior High School	2	20.0
College/University	2	20.0
<b>Total</b>	<b>10</b>	<b>100.0</b>
<b>Age</b>		
20-25 years	6	60.0
26-30 years	3	30.0
31-35 years	1	10.0
<b>Total</b>	<b>10</b>	<b>100.0</b>
<b>Ethnic Groups</b>		
Bataknese	4	40.0
Melaynese	2	20.0
Padangness	1	10.0
Javanese	3	30.0
<b>Total</b>	<b>10</b>	<b>100.0</b>
<b>Occupation</b>		
Entrepreneurs	4	40
Government Employees	1	10
Housewives	5	50
<b>Total</b>	<b>10</b>	<b>100.0</b>

Based on the Table above, it was found that 5 respondents (50%) were junior high school graduates, 6 respondents (60%) were 20-25 years old, 4 respondents (40%) were Bataknese, and 5 respondents (50%) were housewives.

**Table 3**  
**Distribution Frequency of Pain Phase in Pre and Post the Qur'an Murottal Therapy**

Result of Measurement	Pre		Post	
	F	%	f	%
Mild	2	20	5	50
Moderate	5	50	4	40
Severe	3	30	1	10
<b>Total</b>	<b>10</b>	<b>100.0</b>	<b>10</b>	<b>100.0</b>

Based on the Table above, it was found that pain phases in pre-the Qur'an murottal therapy, 5 respondents (50%) underwent moderate pain. In post-the Qur'an murottal therapy, 5 respondents (50%) underwent mild pain.

**Table 4**  
**Distribution Frequency to Find out the Level of Anxiety in the Pre and the Post the Qur'an Murottal Therapy**

Result of Measurement	Pre		Post	
	F	%	f	%
Mild	2	20	6	60
Moderate	6	60	4	40
Severe	2	20	-	-
<b>Total</b>	<b>10</b>	<b>100.0</b>	<b>10</b>	<b>100.0</b>

Based on the Table above, it was found that 6 respondents (60%) underwent moderate anxiety in pre-the Qur'an murottal therapy. In post-the Qur'an murottal therapy, 6 respondents (60%) underwent mild anxiety.

**Table 5**  
**The Result of the Analysis on the Influence of the Qur'an Murottal Therapy on the Decrease in Pain in Childbirth Women**

Pre	Post						Total		P-value
	Mild		Moderate		Severe		f	%	
	f	%	F	%	f	%			
Mild	2	20	-	-	-	-	2	20	0.015
Moderate	3	30	2	20	-	-	5	50	
Sever	-	-	2	20	1	10	3	30	
Total	5	50	4	40	1	10	10	100	

Based on the data above, it was found that in the pre the Qur'an murottal therapy the majority of respondents underwent moderate pain in childbirth, but in the post-the Qur'an murottal therapy 3 respondents (30%) underwent mild pain at-value = 0.015 (<0.05) which indicated that Ho was rejected and Ha was accepted so that it could be concluded that there was the influence of the Qur'an murottal therapy on the decrease in childbirth pain and anxiety in normal phase II childbirth women.

**Table 6**  
**The Result of the Analysis on the Influence of the Qur'an Murottal Therapy on the Level of Anxiety in Childbirth Women**

Pre	Post				Total		P-value
	Mild		Moderate		f	%	
	f	%	F	%			
Mild	2	20	-	-	2	20	0.005
Moderate	4	40	2	20	6	60	
Severe	-	-	2	20	2	20	
Total	6	60	4	40	10	100	

Based on the data above, it was found that in the pre the Qur'an murottal therapy, the majority of respondents underwent moderate anxiety and in the post therapy 4 respondents (40%) underwent mild anxiety at p-value – 0.0005 (<0.05) which indicated that Ho was rejected and Ho was accepted so that it could be concluded that there was the influence of the Qur'an murottal therapy on the level of anxiety in normal phase II childbirth women in the Klinik Dina, Medan.

## V. DISCUSSION

- 1) The feeling of pain in the pre and post the Qur'an murottal therapy in normal phase II childbirth women. Based on the result of the result the research, it was found that the feeling of pain in pre-the Qur'an murottal therapy, the majority of respondents underwent moderate pain, but in the post therapy the majority of respondents underwent mild pain. This condition was seen from the result of observation that on the average the women felt pain indicated by their grimace, complaining about pain, groaning or crying, writhing in agony, and stiffness. Childbirth pain can also bring about stress which causes the release of excessive hormones such as catecholamine and steroid. These hormones can cause the incidence of smooth muscle constraint and vasoconstriction of blood vessels. This condition can cause the decrease in uterus contraction, the decrease in uteroplacental circulation, the decrease in blood flow and oxygen to uterus, and the appearance of ischemia uterus which makes more pain impulse (Handayani, 2014)



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- 2) The level of anxiety in pre and post the Qur'an murottal therapy in normal phase II childbirth women. Based on the result of the result the research, it was found that the level of anxiety in pre-the Qur'an murottal therapy the majority of respondents underwent moderate anxiety, but in post-the Qur'an murottal therapy underwent mild anxiety. This condition was seen from the questionnaires that on the average the respondents underwent changes such as sweating, tremble voice, high pitch, impatience, pain on the part of the back, and changing ion sleeping pattern. The feeling of anxiety during pregnancy will reach its peak during the process of childbirth. Childbirth is an experience which needs hard work and struggle which are wearisome for women. The image of the risk for death during the process of childbirth will eventually influence their emotional stability (Primasnia, 2013).
- 3) The influence of the Qur'an murottal therapy on the decrease in pain in normal phase II childbirth women. Based on the data above, it was found that in pre-the Qur'an murottal therapy the majority of respondents underwent the feeling of moderate pain during the process of childbirth, but in post-the Qur'an murottal therapy their condition tended to change mild pain at  $p\text{-value} = 0.015$  ( $p < 0.05$ ) so that it could be concluded that the Qur'an murottal therapy could decrease childbirth pain and anxiety in normal phase II childbirth women. It is in accordance with Alkahel (2011) who pints out that listening to the Qur'an verses can give the effect of relaxation of 65%. The Qur'an recital therapy is proved to be able to activate body cells by changing the vibration of voice to become the waves which can be caught by the body, decreasing pain receptor stimulation, and the brain is stimulated to excrete opioid analgesic of natural endogen. This opioid is permanent in blockading pain nociceptor. The Qur'an murottal can also give the effect of distraction and relaxation in the phase II childbirth pain patients as musical therapy.
- 4) The influence of the Qur'an murottal therapy on the level of anxiety in normal phase II childbirth women. Based on the data above, it was found that in pre-the Qur'an murottal therapy the majority of respondents underwent moderate anxiety, but in post-therapy their condition changes to mild anxiety at  $p\text{-value} = 0.005$  ( $p < 0.05$ ) so that it could be concluded that there was the influence of the Qur'an murottal therapy on the level of anxiety in normal phase II childbirth women. The significant difference in the level of anxiety in this research indicated that there was the decrease in the level of anxiety after the therapy was done because childbirth women who had listened to murottal underwent peace and comfort and would experience advanced peace after listening to it.

## VI. CONCLUSION & SUGGESTION

### Conclusions:

- 1) Normal phase II childbirth women underwent pain in pre-the Qur'an murottal therapy in moderate category; in post-the Qur'an murottal therapy the pain became mild category;
- 2) Normal phase II childbirth women underwent anxiety in pre-the Qur'an murottal therapy in moderate category; in post-the Qur'an murottal therapy the anxiety became mild category.
- 3) There was the influence of the Qur'an murottal therapy on the decrease in childbirth pain in normal phase II childbirth women;
- 4) There was the influence of the Qur'an murottal therapy on the decrease in childbirth anxiety in normal phase II childbirth women;

### Suggestions:

It is recommended that families, community, and health service community realize that not only husbands who can decrease pain and anxiety during the process of childbirth but listening the Qur'an verses recital can also become the solution for decreasing pain and anxiety; besides that it can also make us closer to God the Almighty.



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