

The Effect Of Murrotal Al-Quran Therapy Onreducing The Intensity Of Labor Pain In The First Stage Active Phase

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Abstract. Childbirth is a natural way that every mother must go through where the results of conception in the form of a baby and placenta are released from the uterus. Normal labor is characterized by uterine contractions that cause thinning, dilation of the cervix and push the fetus out through the birth canal, causing a sensation of pain felt by the mother. The purpose of this study was to determine whether there is an Effect of Murrotal Al-Qur'an Therapy on Reducing the Intensity of Labor Pain in the First Active Phase at the Juliana Dalimunthe Clinic. The research method used was Pre-Experiment One Group Pre and Posttest Design. Samples were taken by Accidental Sampling from mothers in the first active phase of labor who met the inclusion criteria totaling 30 people. Data collection was carried out using a face pain rating scale questionnaire. Data analysis with the Shapiro Wilk test and tested with the Wilcoxon Signed Ranks test statistical test. The results of the study conducted from May to July, found the average pain scale before therapy was 6.83 and the average after therapy was 6.17, the decrease in pain scale from before to after Murottal therapy was 0.66. From the statistical test, the P value = 0.001 was obtained, indicating that there was an effect of Murottal Al-Qur'an therapy on reducing the intensity of labor pain. The conclusion of this study is that the provision of Murottal Al-Qur'an therapy has been proven to be able to reduce labor pain in the first active phase. It is hoped that the provision of Murottal Al-Qur'an therapy will be an alternative intervention in reducing labor pain in the first active phase.

Keywords: Childbirth, Labor, Therapy, Pain

1. INTRODUCTION

Childbirth is a natural way that every mother wants to go through where the results of conception in the form of a baby and placenta are released from the uterus (Thornton et al., 2020). Labor begins when there is a contraction and the woman releases mucus mixed with blood, this happens because the cervix begins to open. Cervical opening begins in the latent phase, where in this phase there is an opening of 1-3 cm and the active phase there is an opening of 4-10 cm. The duration of the first period for primigravida lasts 12 hours while multigravida lasts 8 hours (Diana, 2017).

Normal labor is characterized by uterine contractions that cause thinning, cervical dilation, and pushing the fetus out through the birth canal, causing a sensation of pain felt by the mother (Jackson, 2022; Pajai et al., 2020; Thorntone et al., 2020). According to the World Health Organization (WHO), more than 85% of labor processes are carried out normally and 15-20% die from diseases and complications related to pregnancy and childbirth from 295,000 maternal deaths, the majority of which (94%) occur in developing countries (WHO 2018).

The data center of the Indonesian Hospital Association explains that 15% of mothers giving birth in Indonesia experience complications during childbirth and 21% stated that the childbirth they experienced was a painful childbirth because they felt very painful, while 64% did not receive information about the preparations and planning that must be done to reduce pain during childbirth (Irawati et al., 2020).

Labor pain is a physiological condition that begins to arise in the first stage of labor, latent phase, and the pain felt will become stronger over time, the peak of pain occurs in the active phase (Diana, 2017).

There are several factors that affect the intensity of pain felt by the mother, including the extent of the opening of the cervix, the stretching of the lower birth canal, the duration of contractions, age, parity/number of children ever born, the size of the fetus, and the mother's psychological condition. Research results say that mothers giving birth for the first time (primigravida) will experience more severe pain compared to mothers giving birth for the second time because they have not had previous childbirth experience (Aune et al., 2021).

The pain caused during the labor process can cause trauma to the mother, high labor pain can also cause anxiety, especially in Primigravida mothers who do not have experience in controlling labor pain. Severe pain during labor can cause changes in the body's physiology, such as increased blood pressure, increased heart rate, and increased respiratory rate. If not treated immediately, this condition will increase feelings of worry, tension, fear and stress (Aune et al., 2021).

One of the efforts to reduce pain other than giving Analgesics is with non-pharmacological therapy. Non-pharmacological management Consists of various actions including behavioral and cognitive interventions Using physical agents including skin stimulus, electrical nerve skin stimulus (transcutaneous electrical never stimulation/TENS), acupuncture and Placebo administration. Cognitive behavioral interventions include distraction actions, relaxation techniques, guided imagery, biological feedback (biofeedback), hypnosis and Therapeutic touch. Of the several non-pharmacological techniques that are often used are distraction techniques. This distraction technique is used to divert attention from pain and reduce pain, one of the effective distraction techniques is Murottal Al-Qur'an therapy (Rahmawati, 2022).

Murottal therapy has a positive psychological impact, because what is heard will be conveyed to the brain to be perceived so that with this Murottal therapy the quality of awareness of God will increase and cause total surrender to Allah SWT. With this

condition, brain waves will be at a frequency of 7-12 Hz, where this condition is an optimal brain energy condition and can eliminate stress (Edi et al., 2021).

Al-Quran recitation therapy can accelerate healing, this has been proven by several experts such as Ahmad Al Khadi, the main director of the Islamic Medicine Institute for Education and Research in Florida, United States, with research results showing 97% that listening to the holy verses of the Qur'an has an effect of bringing calm and reducing tension in reflective nerves (Turlina, L. 2017).

The results of a study conducted by Farida et al (2017) found that the average pain scale before therapy was 8.307 and the average after therapy was 6.615, the decrease in pain scale from before to after Murottal therapy was 1.693. From the statistical test, the P value = 0.001 was obtained, indicating that there was an effect of Murottal Al-Qur'an therapy on reducing the intensity of labor pain. The conclusion of this study is that Murottal Al-Qur'an therapy has been proven to be able to reduce labor pain in the first active phase.

The results of a study conducted by Lilin Turlina and Hesti (2017) on the Effect of Al-Qur'an Murottal Therapy on Reducing the Intensity of Labor Pain in the First Active Phase showed that (55%) of mothers in labor experienced moderate pain before being given Al-Qur'an murottal therapy, and most (60%) of mothers in labor experienced moderate pain after being given Al-Qur'an murottal therapy. From the Wilcoxon test, $p = 0.001$ was obtained with $\alpha < 0.05$ with the conclusion: There is an effect of giving Al-Qur'an murottal therapy on reducing the intensity of pain in mothers in labor in the first active phase.

The results of the study conducted by Indah and Inggit (2019) with the results obtained from data processing carried out using the Wilcoxon test showed a $p\text{-value} = 0.000$ or $p < 0.05$, it can be interpreted that there is a significant difference between before and after the Al-Quran murottal therapy was carried out on mothers giving birth in the first active phase. So, it can be concluded that there is an effect of Al-Quran murottal therapy on reducing the intensity of pain in the first active phase.

The results of a study conducted by Sri Mulyani and Siti Ulfah (2020) on Reducing the Intensity of Labor Pain in the Active Phase 1 with Al-Qur'an Murottal Therapy showed that before murottal therapy was given, it was found that subject I experienced changes, pain scale 7 (severe pain), looked anxious, tense, pain came and went, facial expression grimacing. While in subject II who initially experienced a pain scale of 6 (moderate pain), looked anxious, facial expression appeared grimacing. After the intervention of murottal

therapy was given, it was found that subject I experienced changes, pain scale 6 (moderate pain).

Research conducted by Safitri, Ayu et al (2021) with statistical test results with a p value of 0.001, which means that there is a significant difference in labor pain in mothers giving birth before and after listening to the Al-Quran murottal. And quoted from research conducted by Wirna Hildayati et al (2021) it was obtained that when respondents listened to the reading of the Holy verses of the Al-Quran which were heard properly, it could create a feeling of comfort and calm so that pain could be reduced.

The results of the study conducted by Ramlah et al. (2023) with the results of Bivariate Analysis showed that there was an influence of the dependent variable with the independent, the average pain intensity in mothers giving birth before the intervention with Murrotal Al-Quran therapy was 2.75 with a standard deviation of 0.808. After the intervention, Murrotal Al-Quran therapy decreased to 1.78 with a standard deviation of 0.808. The results of the statistical test obtained a p value of $0.000 < 0.05$.

The results of a preliminary survey conducted by researchers at the Juliana Dalimunthe Clinic on November 20 to December 2, 2023, there were 50 inpartu mothers who used Al-Quran murrotal therapy to reduce the intensity of labor pain in the first active phase. Of the 30 mothers who gave birth normally who underwent Al-Quran murrotal therapy to reduce labor pain in the first active phase, 20 mothers underwent Al-Quran murrotal therapy and experienced a decrease in pain intensity. While 10 mothers did not undergo Al-Quran murrotal therapy and experienced pain during labor. Based on the description above, because there are still many mothers in labor who experience labor pain in the first active phase, the author is interested in conducting research at the Juliana Dalimunthe Clinic with the title "The effect of Al-Quran murrotal therapy on reducing the intensity of labor pain in the first active phase at the Juliana Dalimunthe Clinic"

2. LITERATURE REVIEW

In the al-Misbah interpretation of Surah Ar-Ra'd verse 28, it is said that the peace that blossoms in their hearts is due to dhikrullah, namely remembering Allah, or because of the verses of Allah, namely the Quran which is very enchanting in its content and wording (Shihab, 2002).

Fulfillment of spiritual needs is very important when experiencing physical illness, when physical conditions are disturbed there is a possibility of experiencing emotional changes. In such conditions, a person's spiritual component is very important to overcome

these emotional changes. Getting closer to God is believed to make it easier for someone to overcome emotional changes during illness.

Spiritual belief will help someone accept the illness they are experiencing, prepare for death and strengthen life. Some clients consider that illness is a test of faith, they believe that if their faith is high they will quickly get better or recover from their illness. Spiritual belief gives meaning to life and death, with religion someone will be able to have strength when in critical condition and provide a sense of security.

The Qur'an is thought to be able to reduce the intensity of labor pain from various aspects. The first is from the recitation of murottal which is a regular and beautiful rhythm that will stimulate the brain and affect the neuroendocrine system so that it provides calm and changes in hemodynamics, as explained in the effect of music on the neuroendocrine system. The second aspect is that by listening to the murottal of the Qur'an, it will provide a diversion effect (distraction) to the sources of pain so that patients concentrate on listening to the murottal of the Qur'an and are expected to get calm (relaxation). The third aspect is that the murottal of the Qur'an has a value of belief (spiritual). A spiritual approach can reduce the intensity of pain, provide a feeling of helping to overcome psychosocial problems due to illness.

The procedure for listening to the Al-Quran recitation to reduce pain intensity can be done with the following steps:

- a. Choose a murottal Al-Qur'an that meets the criteria, namely:
 - 1) Tempo between 60-70 beats per minute
 - 2) The rhythm is regular and there are no sudden changes
 - 3) Low melody (pattern)
- b. Listen to murottal Al-Qur'an for 20 minutes.
- c. Use headphones to maximize the relaxing effect.
- d. Set the volume so that it is not too loud, namely a maximum of 60 decibels.

The procedure is based on literature studies on music that show that music with a slow tempo, regular rhythm, and low melody can provide a relaxing effect. This relaxing effect can reduce pain intensity by diverting attention from pain, reducing stress hormone levels, and increasing endorphin hormone production. The use of headphones can help patients focus on the sound of the Qur'an recitation and reduce disturbances from the surrounding environment. The volume of sound that is not too loud is also important to maintain patient comfort.

3. METHODS

This research is analytical and uses quantitative methods. Analytical research is research that aims to determine the relationship or influence between one variable and another, or to compare or determine the differences between one or more variables seen from various aspects or points of view (Siswanto, et al. 2015). The type of research conducted is a pre-experimental one group pre and post test design, namely research that uses one group of subjects, where measurements are taken before and after treatment, then comparing the results of both.

In this case, the researcher wants to know the effect of Murrotal Al-Quran therapy on reducing the intensity of labor pain in the first active phase at the Juliana Dalimunthe clinic in 2024. This research was conducted at the Juliana Dalimunthe clinic since the date of issuance of the research permit within a period of less than 5 (two) months, 4 months of data collection and 1 month of data processing which includes presentation in the form of scientific papers on mothers in the first active phase of labor.

Population is all subjects (humans, experimental animals, laboratory data, etc.) that will be studied and meet the specified characteristics (Riyanto, 2017). The population in this study were mothers who gave birth normally at the Juliana Dalimunthe Clinic, totaling 40 mothers who gave birth. So, the respondents who were the sample in this study were at least 28 people. However, the respondents who met the criteria in this study were 30 inpartu mothers who came to the Juliana Dalimunthe Clinic.

4. RESULTS AND DISCUSSIONS

The Effect of Al-Quran Murottal Therapy on Reducing the Intensity of Pain in Mothers During the First Active Phase of Labor at the Juliana Dalimunthe Clinic in 2024

Based on the results of the study and statistical tests, the average decrease in the pain scale of mothers in the first active phase of labor before and after being given Murottal Al-Qur'an therapy was 6.83 and 6.17. The results of the Wilcoxon Signed Ranks test obtained a p value = 0.001 which is smaller than α (0.05), so it can be concluded that there is an effect of giving Murottal Al-Qur'an therapy on reducing the intensity of the pain scale of mothers in the first active phase of labor at the Juliana Dalimunthe Clinic in 2024. The results of this study are in line with the research of Farida BD, Yefrida and Silvia Masmura (2017) at the Solok Selatan Regional General Hospital, which stated the difference in the intensity of labor pain before and after being given Murottal Al-Qur'an therapy in mothers in the first active phase of labor. Also in line with the research of

Wirna Hildayati, et al. (2021) at the dr. Zainoel Abidin, who found a decrease in labor pain in mothers giving birth in the first active phase who had been given Murottal Al-Qur'an therapy. The theory of pain proposed by Melzak da Wall (1965) states that the existence and intensity of pain depends on certain transmissions of nerve impulses, the gate mechanism throughout the nervous system controls and controls the transmission of pain, if the door is open the pain impulse is felt, and vice versa if the door is closed the pain impulse is not felt.

The provision of Murottal Al-Qur'an therapy to mothers in the first active phase of labor who were the respondents of the study, closed the gate/door of the pain transmission nerve system. Because the respondents were distracted from the pain they were feeling, most of them said that the pain was somewhat reduced. According to the researcher's opinion, the recitation of the Al-Quran which was recited with full appreciation, listened to with resignation, brought the respondents who were mothers in the first active phase of labor, to an awareness of the majesty and greatness of Allah SWT, so that a total awareness of surrender to the power of Allah SWT arose, which ultimately made the respondents calmer and more relaxed and religious in dealing with the pain and the labor process.

The condition of respondents who are anxious, worried and afraid in facing childbirth, makes them want a calmer and more relaxed atmosphere, by giving Murottal Al-Qur'an therapy helps create such an atmosphere, because the husband and family who accompany them are also solemn and calm, because they realize that the recitation of the holy verses being heard by the respondents does require a solemn and calm atmosphere. Then among the respondents there are those who have no effect on the intensity of their pain, according to the researcher's assumption this may occur because the respondents are not relaxed and calm enough, so that the diversion of their thoughts from the pain they feel does not occur, so the gate of pain is not or is less closed, so that the intensity of pain remains the same between before and after being given Murottal Al-Qur'an therapy.

The intensity of pain after therapy decreased by an average of 0.66, according to the researcher's assumption, this occurred because the provision of therapy using a hearing system had the constraint of equipment conditions that used headsets, which could be loose at any time, because respondents were restless in holding back the pain of uterine contractions. Perhaps if the provision of therapy was combined or paired with other non-pharmacological methods such as massage and compresses, better results could be obtained.

5. CONCLUSION

Based on the research results that have been obtained regarding the effect of Murottal Al-Qur'an therapy on reducing the intensity of pain in mothers during the first active phase of labor at the Juliana Dalimunthe clinic in 2024, the following conclusions can be drawn:

- a. The average intensity of the pain scale of mothers giving birth in the first active phase before being given Murottal Al-Qur'an therapy was 6.83
- b. The average intensity of the pain scale of mothers giving birth in the first active phase after being given Murottal Al-Qur'an therapy was 6.17.
- c. There is a difference in the pain scale before and after being given Murottal Al-Qur'an therapy.

Based on the conclusions obtained from the research results, the researcher suggests:

- a. For Clinic

The researcher hopes that providing Murottal Al-Qur'an therapy can be used as one of the interventions for providing services to Muslim in-partum patients in the delivery room of the Juliana Dalimunthe Clinic, because this is one of the safest and easiest ways to reduce pain, in addition to other non-medical interventions.

- b. For Educational Institutions

The researcher hopes that the results of this study can be used as a consideration in improving the quality of midwifery education at the Medan Healthy Health College, especially Normal Delivery Care for mothers in labor.

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