

## The Effect of Murottal Al-Qur'an to Decrease Anxiety Level of Pre-Sectio Caesarea Patient

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### Abstract:

A cesarean section is a medical procedure that often causes anxiety. Mothers who are about to undergo a cesarean section generally experience varying levels of anxiety, ranging from mild to panic. If not immediately addressed, this anxiety can increase blood pressure and respiration, potentially leading to bleeding both during and after surgery. Involving spiritual aspects is a non-pharmacological way to reduce anxiety. One such method is listening to the recitation of the Qur'an, which serves to bring individuals closer to God, calm them, make them feel protected, and provide a sense of relief. This study aims to determine the effect of Qur'anic murottal therapy on reducing anxiety levels. The research method used is a pre-experimental one-group pre-test post-test design. The subjects of this study are patients scheduled for cesarean section surgery at the Nusa Indah Health Center in Bengkulu. The sample was selected using purposive sampling. Anxiety levels were measured using the HARS scale. Respondents listened to the Qur'anic murottal for 10-20 minutes. Data analysis was conducted using the Wilcoxon signed-rank test. The results showed that, before listening to the Qur'anic murottal, many experienced severe anxiety, and after listening, there was a decrease in anxiety levels to mild and moderate anxiety. The hypothesis test using the Wilcoxon signed-rank test obtained a P value = 0.000, which means the P value < 0.05, thus H<sub>1</sub> is accepted. The conclusion of this study is that Qur'anic murottal can reduce anxiety levels in pre-operative cesarean section patients.

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## INTRODUCTION

One of the services provided by hospitals is treatment through cesarean section (surgery). A cesarean section is a procedure that often causes anxiety (Depression). Mothers who are about to undergo a cesarean section generally experience anxiety that ranges from mild to panic (Kuo et al., 2014). From this understanding, a cesarean section is a procedure that can cause anxiety for patients who are about to undergo this operation (Fletcher & Martinez, 2014).

In developed countries, the rate of cesarean section deliveries reached 15% from a previous 5% in 2010 (Al Rifai, 2017). Meanwhile, in developing countries such as Canada, the rate of cesarean section deliveries reached 21% of all births (Boerma et al.,

2019). In Indonesia, cesarean section delivery is no longer a new thing, as evidenced by the increase in cesarean section rates over the past 20 years, from 5% to 20% in 2010 (Boerma et al., 2019). From this data, it can be concluded that each year the incidence of cesarean sections in both developed and developing countries is increasing (Betrán et al., 2016). Of those who undergo surgery, 85% experience anxiety; 25% experience mild anxiety, 36% experience moderate anxiety, and 24% experience severe anxiety (Aust et al., 2018).

Based on another research, the world has now entered a new era marked by rising psychological stress and greater demand for mental health interventions, ranging from health promotion to specialized services (Généreux et al., 2021). A lack of information from nurses and a lack of support from family can cause anxiety for patients who are about to undergo surgery, especially for those aged 15 and above (Wilson et al., 2016). Anxiety in pre-operative cesarean patients is caused by various factors, including a lack of family support and the attitude of nurses in applying anxiety prevention measures to cesarean section patients in the operating room (Ferede et al., 2022). Therefore, pre-cesarean section patients need support from family and healthcare professionals to reduce their anxiety. Family support is needed because the family acts as an advisor and counselor (Mustamu et al., 2023).

There are several ways to overcome anxiety, such as efforts to increase resistance to stress, psychopharmacological therapy, somatic therapy, psychotherapy, and psychoreligious therapy (Jakovljevic, 2018). Among all these interventions, many use psychoreligious methods, one of which involves referring to the Qur'an. In this case, we can overcome anxiety naturally, as recommended by Allah SWT (Susanti & Tiara, 2024). Islam has established that those facing pressure and distress (anxiety) should be patient, joyful, always rational, and certain of Allah's decrees. Therefore, Allah SWT (Asadzandi, 2020).

The effects of Qur'anic recitation therapy include changes in electrical currents in the muscles, changes in blood circulation, changes in heart rate, and blood levels in the skin (Noviati et al., 2023). These changes indicate a reaction or a decrease in reflexive nerve tension, resulting in dilation of the arteries and an increase in blood levels in the skin, accompanied by a decrease in heart rate frequency (Stia Pusporini et al., 2024). This murottal therapy works on the brain; when stimulated by external stimuli (Qur'anic therapy), the brain produces a chemical called neuropeptide (Nasywa Syahira Oktaviani et al., 2024). This molecule will attach to the receptors in the body and provide feedback in the form of pleasure and comfort (Wulandari et al., 2023). Murottal therapy works on the brain to produce a chemical called neuropeptide that makes the body feel relaxed and comfortable (Darmadi & Armiyati, 2019). Based on the above conditions, the researcher is interested in conducting a study on the effect of Qur'anic murottal therapy on reducing anxiety levels in pre-operative cesarean section patients.

## **RESEARCH METHODS**

Research Design of this study uses a pre-experimental design with a one-group pretest-posttest design. The sample of this study includes all pre-cesarean section patients treated in the maternity ward at Nusa Indah Health Center in Bengkulu in October 2023, totaling 41 patients. Inclusion and exclusion criteria for the sample: Inclusion criteria: Muslim patients, Patients with abnormal pregnancies, Patients with normal pregnancies but who desire a cesarean section. Exclusion criteria: Non-Muslim patients, Critical patients, Primigravida patients. The sampling technique used in this study is purposive sampling, which involves selecting samples from the population that meet the criteria desired by the researcher.

Research Procedure. The Hamilton Anxiety Rating Scale (HARS) was used to record changes in anxiety levels. For the Qur'anic murottal, earphones and a mobile phone were used to play the recitation for patients experiencing anxiety. The anxiety questionnaire used a closed-ended questionnaire where patients marked (√) their feelings, and then the data were collected and processed into information. Data Analysis. The Wilcoxon signed-rank test was used for data analysis using SPSS 22 for Windows.

## RESULTS AND DISCUSSION

**Table 1. Distribution of Respondents by Age**

Age	Frequency (n)	Percentage (%)
19	2	10%
21	2	10%
23	2	10%
25	1	5%
26	1	5%
27	3	15%
28	1	5%
29	1	5%
31	4	20%
32	1	5%
33	2	10%
<b>Total</b>	<b>20</b>	<b>100</b>

Based on Table 1, the distribution of respondents by age shows that the largest proportion falls within the age of 31 years, with 4 respondents (20%). The next most common age group is 27 years, with 3 respondents (15%). Meanwhile, ages 19, 21, and 23 each have 2 respondents (10%), followed by ages 25, 26, 28, 29, and 32, each with 1 respondent (5%). This distribution indicates that the respondents vary in age, with a concentration around the late twenties and early thirties. The presence of younger respondents (19–23 years) suggests that some participants are in the early stages of adulthood, while those in their thirties may have more experience in their respective roles. This variation in age could influence perspectives, experiences, and approaches in decision-making, particularly in matters related to family, career, or healthcare access. Therefore, understanding the age distribution can be useful in designing targeted programs or policies that cater to the specific needs of different age groups.

**Table 2. Distribution of Respondents by Education**

Education	Frequency (n)	Presentation (%)
Senior High School	7	35%
D3 Midwifery	3	15%
Bachelor of Education	5	25%
S1 Social	1	5%
D3 Nursing	2	10%
Medical	1	5%
Bachelor's Degree in Nursing	1	5%
<b>Total</b>	<b>20</b>	<b>100%</b>

Based on Table 2, the distribution of respondents by education level shows that the majority have completed Senior High School, accounting for 7 respondents (35%). This is followed by those with a Bachelor's degree in Education, totaling 5 respondents (25%). Additionally, 3 respondents (15%) have a D3 degree in Midwifery, while 2 respondents (10%) hold a D3 degree in Nursing. The remaining respondents have varying educational backgrounds, with 1 respondent (5%) each holding a degree in Social Sciences (S1 Social), Medicine, and a Bachelor's degree in Nursing. This distribution highlights the diversity in educational backgrounds among respondents, with a strong presence of individuals from healthcare-related fields such as Midwifery, Nursing, and Medicine. The dominance of high school graduates suggests that a significant portion of the respondents may not have pursued higher education, which could influence their career choices and access to professional opportunities. Understanding the educational background of respondents can help tailor training, educational programs, or policies that align with their qualifications and professional aspirations.

**Table 3 Distribution of Respondents Based on Occupation**

<b>Work</b>	<b>Frequency (n)</b>	<b>Presentation (%)</b>
<b>IRT</b>	7	35%
<b>Civil servants</b>	6	30%
<b>Midwife</b>	3	15%
<b>Nurse</b>	3	15%
<b>Doctor</b>	1	5%
<b>Total</b>	60	100%

Based on the distribution of respondents by occupation, the majority of respondents are housewives (IRT), totaling 7 individuals or 35% of the total respondents. This indicates that most respondents prefer to focus on domestic roles rather than working in the formal sector. Meanwhile, 6 respondents (30%) work as civil servants, reflecting significant involvement in the government sector. Additionally, a notable portion of the respondents are healthcare professionals, including 3 midwives (15%), 3 nurses (15%), and 1 doctor (5%). The considerable presence of healthcare professionals suggests that a portion of the respondents have a medical background, which may influence their awareness of the importance of healthcare services for their families and the community.

This distribution also highlights the diverse roles of women in society, with some primarily engaged in domestic responsibilities while others work in public service and healthcare sectors. The high number of housewives may indicate that many women prioritize childcare and household management over formal employment. Meanwhile, the presence of civil servants and healthcare professionals suggests that some women remain active in the workforce, particularly in fields related to public service and healthcare. Given these occupational differences, policies and empowerment programs should consider the specific needs of these groups, whether in supporting work-life balance or expanding access to broader career opportunities.

**Table 4. Distribution of anxiety levels in pre-cesarean section patients before being given Al-Qur'an murottal therapy**

Anxiety Level	Frequency (n)	Percentage (%)
No anxiety	0	0%
Mild anxiety	0	0%
Moderate anxiety	3	15%
Severe anxiety	17	85%
Panic	0	0%
<b>Total</b>	<b>20</b>	<b>100%</b>

Based on Table 4, the distribution of anxiety levels in pre-cesarean section patients before receiving Al-Qur'an murottal therapy shows that the majority of patients experienced severe anxiety, with 17 respondents (85%). Meanwhile, 3 respondents (15%) experienced moderate anxiety. Notably, there were no patients who fell into the categories of no anxiety, mild anxiety, or panic. This data indicates that undergoing a cesarean section can be a highly stressful experience for most patients, potentially due to concerns about the surgical procedure, potential complications, and outcomes for both mother and baby. The high percentage of patients experiencing severe anxiety highlights the need for effective psychological and emotional support before surgery. Various factors, including lack of knowledge about the procedure, fear of pain, and emotional distress, may contribute to heightened anxiety levels. Given this, interventions such as Al-Qur'an murottal therapy can play a crucial role in reducing anxiety and promoting a sense of calmness. Integrating non-pharmacological approaches like spiritual therapy alongside medical preparation may enhance patient well-being and improve the overall preoperative experience.

**Table 5. Distribution of patients' anxiety levels after being given Al-Qur'an murottal therapy**

Anxiety Level	Frequency (n)	Percentage (%)
No anxiety	2	10%
Mild anxiety	13	65%
Moderate anxiety	5	25%
Severe anxiety	0	0%
Panic	0	0%
<b>Total</b>	<b>20</b>	<b>100%</b>

Based on Table 5, the distribution of anxiety levels in pre-cesarean section patients after receiving Al-Qur'an murottal therapy shows a significant reduction in anxiety levels. The majority of patients (65%) experienced mild anxiety, with 13 respondents falling into this category. Additionally, 5 respondents (25%) had moderate anxiety, while 2 respondents (10%) reported no anxiety at all. Notably, none of the patients experienced severe anxiety or panic after receiving the therapy. This suggests that listening to Al-Qur'an murottal had a calming effect on the patients, helping to alleviate their emotional distress before the surgical procedure.

The drastic reduction in severe anxiety levels highlights the potential effectiveness of spiritual therapy as a non-pharmacological intervention for preoperative anxiety management. Given that anxiety before surgery can impact both physiological and psychological well-being, incorporating spiritual-based relaxation techniques like Al-Qur'an murottal therapy into preoperative care could enhance patient comfort and emotional stability. This approach may serve as a valuable complement to standard medical preparations, improving the overall surgical experience and patient outcomes.

**Table 6. Distribution of anxiety levels in pre -section caesarea patients before and after being given murottal Al-Qur'an therapy**

Murottal Al-Qur'an Anxiety Level	Pre-test		Post test	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
No anxiety	0	0%	2	10%
Mild anxiety	0	0%	13	65%
Moderate anxiety	3	15%	5	25%
Severe anxiety	17	85%	0	0%
Panic	0	0%	0	0%
<b>Total</b>	<b>20</b>	<b>100%</b>	<b>20</b>	<b>100%</b>

**N =20; P Value = 0.000 which means <0.05**

Based on table 4.5, the results of the Wilcoxon Sign Rank Test statistical test show a significance value (P value = 0.000), which means the P value < 0.05, so H1 is accepted, meaning there is an influence on the level of anxiety before and after administering Al-Qur'an murottal therapy. The results of the Wilcoxon Sign Rank Test statistical test show a significance value (P value = 0.000) where this means the P value < 0.05 so that H1 is accepted, meaning there is an influence on the level of anxiety before and after administering murottal therapy. Based on the research, it was found that from 20 respondents pre-caesarean section surgery, before the intervention, 17 patients (85%) experienced severe anxiety, and 3 respondents (15%) experienced moderate anxiety before caesarean section surgery.

The size of the type of operation greatly influences the level of anxiety experienced by pre-operative patients, this is because the patient feels fear arising from the impact of the operation (Oteri et al., 2021). According to another research, various reasons can cause patient fear and anxiety when facing surgery, including fear of pain after surgery, fear of physical changes and not functioning normally (body image), fear or dread of the operating room, surgical equipment, afraid of dying while under anesthesia, afraid that he will never regain consciousness, and afraid that the operation will fail (Atkinson & Pudner, 2005). The patient is capable enough to accept and respond positively to all changes that have occurred or will occur, the patient is more resigned to the provisions that will be set, this is reflected in a life that is more useful for him and in facing problems (coping) with his environment.

Based on research, the results showed that after the intervention the patient's anxiety decreased, namely there was no anxiety for 11 people (55%), 9 people (45%) had mild anxiety. In research conducted by researchers, it was found that patients who were given Al-Qur'an murottal therapy said that they were calmer, more sincere and ready to undergo caesarean section surgery (Rahayu & Kartini, 2024). This is in accordance with another research, the opinion expressed that religious therapy can speed up healing, this has been proven by several experts such as Ahmad Al-Qhadi who has made a presentation on the theme of the influence of the Al-Qur'an on humans in physiological and psychological perspectives. The results of this research show positive results that listening to the holy verses of the Koran has a significant influence in reducing reflective nerve tension and these results are recorded and measured qualitatively and

quantitatively by a computer-based tool (Aini, 2023).

Murottal listening therapy carried out in this study was carried out for 15-20 minutes by paying attention to the calmness of the patient's environment. During the intervention the patient was not permitted to undergo medical procedures such as injections, infusion changes, etc (Wahyuningsih et al., 2024). From the results of the Wilcoxon Sign Rank Test statistical test, shows significance results (P value = 0.000) where this result means P value < 0.05 so that H1 is accepted, meaning there is an influence of anxiety levels before and after administering murottal Al-Qur'an therapy on reducing anxiety levels in pre -caesarean section surgery patients at the Community Health Center. Nusa Indah, Bengkulu.

The therapeutic effect of listening to verses from the Qur'an is in the form of changes in electrical currents in the muscles, changes in blood circulation, changes in heart rate and blood levels in the skin (Nani et al., 2021). These changes indicate a relaxation or decrease in the tension of the reflective nerves, which results in narrowing of the arteries and an increase in blood levels in the skin, accompanied by a decrease in heart rate (Ningsih et al., 2024). Murottal therapy works on the brain, where when stimulated by external stimulation (Al-Qur'an therapy), the brain produces the chemical neuropeptide (Nasywa Syahira Oktaviani et al., 2024). These molecules will be transported to their receptors in the body and will provide feedback in the form of pleasure or comfort (Rachmah et al., 2024).

## **CONCLUSION**

The study results indicate that before the intervention, most preoperative cesarean section patients at the Nusa Indah Bengkulu Community Health Center experienced severe anxiety. This high level of anxiety may be caused by various factors, such as fear of the surgical procedure, concerns about potential complications, and a lack of understanding about the cesarean delivery process. Severe anxiety before surgery can negatively impact both the physical and psychological condition of patients, leading to increased blood pressure, irregular heart rate, and emotional distress, which may affect their mental readiness for the procedure. Therefore, effective interventions are needed to reduce anxiety and improve the well-being of patients before surgery. After receiving the intervention in the form of murottal therapy, patients' anxiety levels significantly decreased, with most experiencing only mild to moderate anxiety. This finding suggests that murottal therapy plays a role in creating a relaxation effect and calming patients, contributing to reduced preoperative anxiety. As a non- pharmacological therapy, listening to Al-Qur'an murottal can be an effective approach to managing preoperative anxiety, especially for patients with religious backgrounds who find emotional comfort in Quranic recitations. Therefore, this therapy can be considered as part of the preparation process before a cesarean section to enhance patient comfort and calmness, ultimately supporting a more positive childbirth outcome.

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