



The Effectiveness of Murrotal Al-Quran in Third Trimester Pregnant with Maternal Mental Disorder

Ariani Fatmawati^{1*}, Annisa Ridlayanti², Nurlatifah Nurlatifah²

¹Department of Maternity Nursing, Faculty of Health Sciences, Aisyiyah Bandung University, Bandung, Indonesia; ²Midwifery Program, Faculty of Health Sciences, Aisyiyah Bandung University, Bandung, Indonesia

Abstract

Edited by: <https://publons.com/researcher/391987/mirko-spiroski/>

Citation: Fatmawati A, Ridlayanti A, Nurlatifah N. The Effectiveness of Murrotal Al-Quran in Third Trimester Pregnant with Maternal Mental Disorder. Open Access Maced J Med Sci. 2022 Mar 06; 10(G):499-503. <https://doi.org/10.3889/oamjms.2022.8457>

Keywords: Maternal mental disorder; Murrotal Al-Quran; Pregnant

*Correspondence: Ariani Fatmawati, Department Maternity Nursing, Faculty of Health Sciences, Aisyiyah Bandung University, Jl. K.H. Ahmad Dahlan Dalam No.6 Bandung, West Java, 40264, Indonesia.
E-mail: ariani.fatmawati@unisa-bandung.ac.id

Received: 31-Dec-2021

Revised: 21-Feb-2022

Accepted: 24-Feb-2022

Copyright: © 2022 Ariani Fatmawati, Annisa Ridlayanti, Nurlatifah Nurlatifah

Funding: This study was supported by Sekolah Tinggi Ilmu Kesehatan 'Aisyiyah Bandung (contract no. 427/MoU.02/STIKes-AB/II/2020) and Dikti Litbang PP Muhammadiyah

Competing Interests: The authors have declared that no competing interests exist

Open Access: This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0)

BACKGROUND: Pregnant women experience physiological and psychological changes during pregnancy. Psychological changes experienced by pregnant women show symptoms of anxiety, worry, and depression. The use of Al-Quran therapy by means of Murottal Al-Quran is one of an intervention for mental health problems of pregnant women.

AIM: This research was carried out by aimed to determine the effect of the Murottal Al-Quran on pregnant women who experience maternal mental disorder (MMD).

METHODS: This was a quantitative study using design pre- and post-experimental testing without control group. The participants in this study were 25 respondents aged 15–21 years, on the third trimester of pregnancy, were able to read the Al-Quran, routinely carry out pregnancy checks at the health center, willing to become respondents, and her Antenatal Risk Questionnaire (ANRQ) score which was ≥ 23 . Respondents were asked to listen to the murottal every day for 30 min on 05.00 and 20.00 WIB for 2 weeks. After 2 weeks, the respondents were checked for their mental condition using the ANRQ questionnaire through the Google form application. The bivariate analysis used was the Wilcoxon test.

RESULTS: The most of the pregnant women experienced MMD as many as 76% while after being given the intervention, the most of the pregnant women who did not experience MMD were 72%. Median pre-test was 24.76 and post-test was 21.88. Giving Murottal Al-Quran therapy to pregnant women in the third trimester had an influence on their MMD status ($p < 0.000$).

CONCLUSIONS: This therapy is a spiritual healing for pregnant women with MMD because chanting holy verses that are played can stimulate the hypothalamus to produce endorphins, cortisone, and catecholamine, thus making pregnant women relax.

Introduction

Maternal mental disorder (MMD) is a condition of psychological disorders of pregnant women that shows several symptoms such as feeling anxious and overly worried, often feeling hopeless, disturbed thoughts and experiencing major changes as a whole, insomnia, mood swings (easy to cry), feeling flat, isolation from others, delusions, hallucinations, depression, paranoia, and certain drug dependence [1]. Depression, anxiety, panic disorder, post-traumatic stress disorder, anorexia, bulimia, personality, and psychotic disorders are all common mental illnesses during pregnancy [2]. Depression is one of the most common mental illnesses during pregnancy, accounting for up to 25% of all cases [3], 34.5% experiencing anxiety, 8.1% thoughts of suicide [4], [5].

The rate of early marriage in Indonesia is quite high. In rural areas, the proportion of adolescents who become pregnant is around 10% and in urban areas, it

is around 5%. The marriage prevalence of teenage girls aged 16 and 17 years is still increasing consistently (BPS and UNICEF 2015). West Java is included in one of the provinces with the second largest percentage of teenage marriages, which is 50.2%. Based on data from Riskesdas (2019), the number of adolescent mothers in West Java is 4039 people, the majority of whom are 17–24 years old. Pregnancy in adolescence can cause very complex impacts physically, psychologically, economically, and socially [6]. Teenage pregnancy has also been shown to have an impact on the psychological condition of adolescents. Pregnant adolescents and adolescents giving birth are at greater risk of experiencing symptoms of depression compared to other pregnant adult women [7].

Interventions to overcome mental problems can also be approached spiritually [8]. A spiritual intervention can be used with Quran recitation. For a Muslim women, the values contained in the Al-Quran can build mental health. The reading therapy in the Quran contains wisdom through stories, beautification,

and prohibitions [9]. In Surah Al-Isra verse 78, it is said that Al-Quran is a *syifa* (healer) because it provides a calming therapeutic effect for the reader.

Reading the recitation of Al-Quran verses can lead someone to remember and submit all problems to Allah and be more submissive [10]. The verses in Al-Quran give peace and submission to Allah. The meaning contained in each verse of Al-quran provides a more adaptive interpretation [11].

After receiving Murottal Al-quran Surah Ar-Rahman therapy for 1 month, a study conducted on third trimester pregnant women who experience anxiety found that their anxiety scores dropped [12]. According to the findings of the study, Murottal Al-Quran therapy is more beneficial than prenatal exercise in lowering anxiety in pregnant women [13].

Quranic therapy has been widely used in several studies, including inmates with mental disorders of sexual deviation [14], increasing religiosity in hemodialysis patients [15], reducing maternal anxiety levels for pre-SC surgery [16], and reducing the level of depression in the elderly [17]. Quranic therapy can help someone to respect themselves and also find more creative solutions with divine values [14].

The researcher is interested in studying the impact of Murottal Al-Quran therapy on the occurrence of MMDs in pregnant women, based on the aforesaid reasoning at Public Health Centre in Bandung District.

Methods

This study was conducted in Cimaung Public Health Center, Bandung District using design experimental pre- and post-test design without control group. The sampling technique used was purposive sampling with total sample as many as 25 respondents. The inclusion criteria for this study were pregnant women aged 15–21 years, on the third trimester of pregnancy, are able to read Al-Quran, routinely carry out pregnancy checks at the health center, were willing to become respondents, their Antenatal Risk Questionnaire (ANRQ) scores which were ≥ 23 while the exclusion criteria were pregnant women who experience emergency and must be cared for. This study was conducted in October 2020.

The instrument used in this study used the ANRQ consisting of nine question items. This instrument was used to determine mental health history, physical history such as domestic violence, sexual and emotional violence, current support, relationships with husbands and parents, anxiety, and stress due to loss or separation. The minimum score was 5 and the maximum score was 62, if the score was ≥ 23 then it can be said that there was a mental disorder. This

instrument had a validity value of 0.62–0.64 and a reliability of 0.87 [18]. The instruments used have been translated into Indonesian and checked by an expert.

The research procedure was carried out by the researcher assisted by students visiting the Maternal and Child health clinic at Cimaung and Cinambo Public Health Centre to collect data on the third trimester pregnant women by writing the cellphone number of them. After the data were collected, the researcher contacted pregnant women one by one, then asked some of them who met the inclusion criteria to become respondents. The researcher provided information about the objectives and actions taken during the study. If the respondents were willing to involve in this study, they were asked to fill out the informed consent sheet through the Google form application. Samples that met the criteria were asked for their willingness to become respondents. Respondents were then given a detailed explanation of the study's procedure, namely, by being given an observation sheet and murottal of Surah Ar-Rahman was copied to the respondent's cell phone. The respondents listened to the murottal every day for 30 min at 05.00 and 20.00 WIB. This activity is carried out when you wake up and before going to bed, this is done to provide relaxation. After 2 weeks, the respondents were checked for their mental condition using the ANRQ questionnaire through the Google form application.

Univariate analysis was used to describe the characteristics of respondents (age, gestational age, mother's occupation, mother's education, husband's age, husband's education, husband's occupation, and monthly income) and the incidence of MMD in the intervention group and the control group. The bivariate analysis was used the Mann–Whitney non-parametric test. The characteristics of respondents were determined using univariate data analysis, which included maternal age, marital status, gestational age, pregnancy planning, number of pregnancies, and husband's monthly income. Because the data were not normally distributed, bivariate analysis was performed using the Wilcoxon test. With Number 111/KEP.02/STIKes-AB/IX/2020, KEP STIKes' Aisyiyah Bandung granted ethical approval for this investigation.

Results

Based on Table 1, the most of the respondents were late adolescence as many as 88%, almost all pregnant women were married as many as 92%, their pregnancies were planned as many as 72%, more than half of them experienced desired pregnancies as many as 68%, almost the majority of their pregnancies were primigravida as many as 96%, most of their gestational age were age, half of the pregnancy was 8 months as

Table 1: Frequency distribution of respondent characteristics (n = 25)

Characteristic of respondents	Frequency (%)
Maternal's age (years old)	
15–18	3 (12)
19–21	22 (88)
Marital status	
Married	23 (92)
Not married	2 (8)
Pregnancy planning	
Planned	18 (72)
Unplanned	7 (28)
Pregnancy desire	
Wanted	17 (68)
Unwanted	8 (32)
Pregnancy	
Primigravida	24 (96)
Multigravida	1 (4)
Gestational age (months)	
7	16 (32)
8	27 (54)
9	7 (14)
Husband income	
< Rp. 500.000	2 (8)
Rp. 500.000–1.000.000	15 (60)
Rp. 1.000.000–5.000.000	8 (32)

many as 54%, and more than half of the respondents' husband's income were ranged from 500 thousand to 1 million, around 60%.

Based on Table 2 above, it can be seen that 76% subjects got experienced with MMD, while there were 72% persons did not experienced with MMD after having intervention.

Table 2: Description of maternal mental disorder on the pregnant women in the third trimester women pre- and post-intervention (n = 25)

MMD	Frequency (%)	
	Pre	Post
Did not experience MMD	6 (24)	18 (72)
Experienced MMD	19 (76)	7 (28)

MMD: Maternal mental disorder.

Based on Table 3, the results of the study showed that the p-value < 0,005 so it meant that there were differences in the values before and after the intervention. Thus, it can be concluded that Murottal Al-Quran therapy has an effect on MMD.

Table 3: The effect of Murottal Al-Quran on maternal mental disorder on pregnant women in the third trimester pre- and post-intervention (n = 25)

Parameters	n	Median (minimum–maximum)	p
Pre	25	24.76 (21–35)	0.000
Post	25	21.88 (21–25)	

Discussion

Mental health during pregnancy is absolutely necessary for every pregnant woman. Pregnant women's mental health has a significant impact on the health of the fetus in their womb. The emergence of mental disorders during pregnancy can trigger pregnancy-risk behaviors such as smoking, alcohol consumption, IUGR, IUFD, feelings of depression, and the incidence of suicide. Mental health problems during pregnancy can be triggered by pregnancy in

adolescence, having a low socioeconomic level and lack of social support.

Stress during pregnancy might increase your chances of developing mental health issues such as depression and psychosis. This risk can be much higher in mothers who have a past history of major mental illnesses. Murottal therapy was given for 2 weeks, then the respondents were asked to listen to Murottal Al-Quran (QS. Ar-Rahman) for 30 min every day at 05.00 and 20.00 WIB. The Murottal Al-Quran given was a recitation of the holy verses of the Al-Quran QS Ar-Rahman. The results showed that before being given the Murottal Al-Quran intervention, the most of the pregnant women experienced MMD as many as 76% while after being given the intervention, the most of the pregnant women who did not experience MMD were 72%.

Murottal Al-Quran therapy is an effort to read Al-Quran through recitation of holy verses that are played through audio with a moderate rhythm [19]. The cells of the body are influenced by acoustic frequencies (sound) which then affect the electromagnetic field of these cells. A study showed that one of the best efforts to reprogram the body's cells is reading Al-Quran in an authentic way [20]. The human voice, which is a wonderful healing instrument and the most accessible tool, is physically present in the recitation of Al-Quran. This slower or deeper breathing rate is beneficial for promoting calm, emotional control, deeper thinking, and a healthy metabolism. In the active phase of labor, Murottal Al-Quran therapy can help to relieve anxiety [21]. Murottal and dhikr can bring hope and a positive outlook on life and provide peace of mind [22].

Based on statistical analysis, it was discovered that the research data distribution was not normal, with p < 0.005 so that a non-parametric difference test was carried out. It is known from Table 3 that that the p-value was 0.001 < 0.005 so that it can be analyzed that there were differences in the incidence of MMD in the control and intervention groups. This study looked at the impact of giving Murottal Al-Quran to pregnant women in the third semester on the occurrence of MMDs. This research matched the findings of the previous research that stating believed there was a link between them a decrease in anxiety levels and Murottal Al-Quran therapy in patients with active Phase I primiparous [23].

Murottal Al-Quran therapy is a very good effort to distract pain by stimulating natural and balanced release of endorphins in brain waves so that those who hear and read it will get a positive response and comfort. From the feeling of comfort that is obtained, anxiety and pain will be reduced. Spiritual intervention Al-Qur'an is an example of this therapy that is very important to be given to Muslim clients because this therapy can help clients gain peace of mind and speed up the healing process [12]. Other studies showed that Murottal Al-Quran therapy can also prevent low baby

weight [24]. Murottal therapy can naturally reduce stress and depression.

The recitation of holy verses that are played can stimulate the hypothalamus to produce endorphins, cortisone, and catecholamine. These hormones will be flowed through the blood vessels and spread throughout the body so that there is an increase in the levels of some of these hormones. From this condition, there arises a feeling of relaxation, calm, and comfort so that the level of stress and tension will decrease [25], [26]. The other research shows that reading and listening Quran can reduce the pain, consciousness, and giving comfort feeling by controlling cortisol hormone level in the blood vessels [27].

This was in line with the findings of a prior study of a similar nature that administering Murottal Al-Quran therapy has an influence on the anxiety levels of pregnant women in their 3rd trimester primigravida at Pekauman Public Health Centre [28]. It is possible to conclude that Murottal Al-Quran therapy can be used by pregnant women to reduce anxiety that is felt during pregnancy. The findings of this investigation in the previous study, there was a substantial difference in the amount of anxiety associated with labor before and after murottal therapy [25]. It is known that the highest level of anxiety in the 3rd trimester of pregnancy before being given murottal therapy was 66.7% at a moderate level and after being given murottal therapy, the highest level of anxiety in facing childbirth for third trimester pregnant women was 41.7% at a mild level and 33.3%. Then, they did not experience anxiety anymore.

In addition, reported that murottal therapy is beneficial in lowering anxiety in 3rd trimester pregnant women facing delivery [29]. At Seputih Public Health Centers in Surabaya. Researchers assumed that murottal therapy is effective enough to reduce anxiety and can be used as a complement to medical treatment. This is very good if it can be widely applied to all pregnant women. Murottal therapy can make pregnant women calmer and more relaxed, thereby reducing anxiety about their condition and can prevent the incidence of MMDs. The strengths in this research that interventions are easy to apply and the limitation data collection was disturbed because the increase in cases of the COVID-19 pandemic in Bandung.

Conclusions

This study looked at the impact of Murottal Al-Quran therapy on the occurrence of MMDs levels in pregnant women with MMD. Chanting holy verses that are played can stimulate the hypothalamus to produce endorphins, cortisone, and catecholamine, thus making pregnant women relax. Murottal Al-Quran treatment can be utilized to help pregnant women with mental

health issues. This therapy is a spiritual healing that is very well applied to clients with MMD by health workers.

The suggestion that can be given is that health workers and the community murottal therapy can be used as an alternate way of relaxation to help pregnant women relax, it can also be applied to midwifery services in general, namely, pregnant, childbirth, or postpartum women.

References

1. Raj A, Sabarwal S, Decker MR, Nair S, Jethva M, Krishnan S, *et al*. Abuse from in-laws during pregnancy and post-partum: Qualitative and quantitative findings from low-income mothers of infants in Mumbai, India. *Matern Child Health J*. 2011;15(6):700-12. <https://doi.org/10.1007/s10995-010-0651-2> PMID:20680670
2. Gold KJ, Marcus SM. Effect of maternal mental illness on pregnancy outcomes. *Expert Rev Obs Gynecol*. 2008;3(3):391-401.
3. Jarrett PM. Pregnant women's experience of depression care. *J Ment Health Training. Educ Pract*. 2016;11(1):33-47.
4. Da Silva RA, Da Costa Ores L, Jansen K, Da Silva Moraes IG, De Mattos Souza LD, Magalhães P, *et al*. Suicidality and associated factors in pregnant women in Brazil. *Community Ment Health J*. 2012;48(3):392-5. <https://doi.org/10.1007/s10597-012-9495-0> PMID:22447343
5. Flanagan JC, Gordon KC, Moore TM, Stuart GL. Women's stress, depression, and relationship adjustment profiles as they relate to intimate partner violence and mental health during pregnancy and postpartum. *Psychol Violence*. 2015;5(1):66-73. <https://doi.org/10.1037/a0036895> PMID:25642352
6. Setyowati YD, Krisnatuti D, Hastuti D. Pengaruh kesiapan menjadi orang tua dan pola asuh psikososial terhadap perkembangan sosial anak. *J Ilmu Kel dan Konsumen*. 2017;10(2):95-106. <https://doi.org/10.24156/jikk.2017.10.2.95>
7. Diananda A. Psikologi Remaja Dan Permasalahannya. *J ISTIGHNA*. 2018;1(1):116-33. <https://doi.org/10.33853/istighna.v1i1.20>
8. Alorani OI, Alradaydeh MF. Depression, aggression and spiritual well-being among the university students In Jordan. *Eur Sci J*. 2017;13(2):269-80. <https://doi.org/10.19044/esj.2017.v13n2p269>
9. Inggriane PD. Qur'anic Therapy Sebagai Biblioterapi Versi Islam Dalam Asuhan Keperawatan Spiritual Islami. Bandung, Indonesia: STIKes Aisyiyah; 2016.
10. Hammad H. The role of the koran therapy on anxiety and immunity of hospitalized patients. *J Ners*. 2019;4(2):110-5. <https://doi.org/10.20473/jn.v4i2.5021>
11. Trimulyaningsih N. Terapi Kognitif-perilaku religius untuk mneurunkan Gejala Depresi. *J Interv Psikol*. 2010;2(2):205-28. <https://doi.org/10.20885/intervensipsikologi.vol2.iss2.art4>
12. Hamidiyanti BY, Pratiwi IG. Effect of listening to the quran on anxiety level in primipara. *Health Spiritual Med Ethics*. 2019;6(1):52-6. <https://doi.org/10.29252/jhsme.6.1.52>
13. Nugrahehi N, Romdiyah. Pregnancy gymnastics, Qoran treatment and anxiousnes. *J PPKM II*. 2018;1:226-36.
14. Dewi IP, Suryadi RA, Fitri SU. Pengaruh terapi bacaan Al-Qur'an

- (TBQ) sebagai biblioterapi islami pada kesehatan mental narapidana lesbian. *Faletehan Health J.* 2020;7(2):104-12. <https://doi.org/10.33746/fhj.v7i02.135>
15. Dewi I, Widiyanti AT. Qur'anic therapy (islamic bibliotherapy) to improve religious coping in hemodialysis patient. *Media Keperawatan Indones.* 2018;1(3):12-7. <https://doi.org/10.26714/mki.1.3.2018.12-17>
 16. Fitriyani, Dewi IP. Pengaruh qur'anic therapy (biblioterapi versi Islam) terhadap tingkat kecemasan pada ibu pre operasi dengan sectio caesarea di Ruang Zaitun III RSUD Al Ihsan Provinsi Jawa Barat. *J Ilmu Kesehat.* 2017;11(1):21-34. <https://doi.org/10.47506/jpri.v6i2.182>
 17. Amana L, Purnamasari SE. Efektivitas mendengarkan bacaan Al-Quran terhadap penurunan tingkat depresi pada lansia. *Insight J Ilm Psikol.* 2017;17(1):11. <https://doi.org/10.26486/psikologi.v17i1.681>
 18. Christl B, Reilly N, Smith M, Sims D, Chavasse F, Austin MP. The mental health of mothers of unsettled infants: Is there value in routine psychosocial assessment in this context? *Arch Womens Ment Health.* 2013;16(5):391-9. <https://doi.org/10.1007/s00737-013-0360-0>
PMid:23775393
 19. Wahyuni S, Murwati M, Supiati S. Faktor internal dan eksternal yang mempengaruhi depresi postpartum. *J Terpadu Ilmu Kesehat.* 2014;3(2):106-214.
 20. Widiastuti A, Rusmini R, Mulidah S, Haryati W. Terapi dzikir dan murottal untuk mengurangi kecemasan pada pre eklampsia ringan. *LINK.* 2018;14(2):98-105. <https://doi.org/10.31983/link.v14i2.3706>
 21. Handayani FP, Fourianalistyawati E. Depresi dan kesejahteraan spiritual pada ibu hamil risiko tinggi depression and spiritual well-being among high-risk pregnant women fitrias putri handayani, endang fourianalistyawati fakultas psikologi universitas YARSI, Jakarta. *J Psikologi Teori dan Terap.* 2018;8(2):145-53. <https://doi.org/10.26740/jppt.v8n2.p145-153>
 22. Patimah I, Suryani S, Nuraeni A. Pengaruh relaksasi dzikir terhadap tingkat kecemasan pasien gagal ginjal kronis yang menjalani Hemodialisa. *J Keperawatan Padjadjaran.* 2015;3(1):18-24. <https://doi.org/10.24198/jkp.v3n1.3>
 23. Safitri A, Dewie A, Slifia NN. Pengaruh terapi murottal al-qur'an terhadap penurunan intensitas nyeri persalinan kala 1 Fase Aktif Dilatasi Maksimal. *J Bidan Cerdas.* 2021;3(1):25-30. <https://doi.org/10.33860/jbc.v3i1.217>
 24. Evasari D, Sari YP. Improvement of weight baby weight low body through baby map and murrotal therapy. *J Keperawatan.* 2020;12(1):135-40.
 25. Wahyuni R, Deswita. Pengaruh terapi murrotal terhadap tingkat kecemasan menghadapi persalinan pada ibu hmail di wilayah kerja puskesmas Andalas. *NERS J Keperawatan.* 2013;9(2):111-22. <https://doi.org/10.25077/njk.9.2.116-126.2013>
 26. Melda B, Mufidah A. Decrease of anxiety and pain delivery of mother inpartu primipara on first phase active by giving of murottal al quran arrahman in midwifery private clinic endang sumaningdyah city of Kediri. *Joint Int Conf 2014;2(2):742-50.*
 27. Hanafi M, Muhammad F, Wulandari D. The effect of quran recitation to pain and comfort feeling on patients with reduced consciousness in UNS Hospital. *KnE Life Sci.* 2019;4(12):155-62. <https://doi.org/10.18502/kls.v4i12.4169>
 28. Budiarti Y, Makiah. Murottal al qur'an therapy effect on anxiety level of third trimester primigravida pregnant women. *J Citra Keperawatan.* 2018;6(2):89-99.
 29. Qonitun1 U, Betalia B. Pengaruh terapi murottal Al-Qur'an terhadap kecemasan ibu bersalin di kecamatan seputih surabaya kabupaten lampung tengah tahun 2019. *J Kebidanan Univ Islam Lamongan.* 2016;2:7891-900. <https://doi.org/10.30736/midpro.v10i2.76>