



The Effect of Listening to Murotal Al-Quran on Anxiety of Pregnant Women with Preeclampsia

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Abstract

Preeclampsia is a special condition of pregnancy characterized by hypertension and proteinuria after 20 weeks of gestation in women who had normal blood pressure before pregnancy. Pregnancy with preeclampsia can cause anxiety due to fear and worry felt by pregnant women towards themselves and their babies. This study aims to analyze the effect of listening to murottal Al-Quran on the anxiety of pregnant women with preeclampsia. The research method used was pre-experiment with one group pre-post design to determine the effect of listening to Murottal Al-Quran on the anxiety of pregnant women with preeclampsia. The population in this study were pregnant women in the third trimester who experienced mild and severe preeclampsia at the Muhammadiyah Hospital in Palembang. The sample in this study was pregnant women in the third trimester who experienced mild preeclampsia at the Muhammadiyah Hospital in Palembang as many as 11 people. The instruments used in this study were questionnaires to measure anxiety Stai-Y1 and Stai-Y2, observation sheets and murottal Al-Quran. Results of the study. Conclusion: listening to murottal Al-Quran can reduce the anxiety of pregnant women with mild and severe preeclampsia.

Introduction

Preeclampsia is a specific pregnancy condition characterized by hypertension and proteinuria after 20 weeks of pregnancy in women who have normal blood pressure before pregnancy (Gashi, 2016; Duley, 2003). Preeclampsia occurs in about 2-8% of pregnant women, it affects many organs and is one of the causes of maternal mortality and morbidity (Park & Brewster, 2007; Dodd et al., 2014). Preeclampsia and eclampsia are responsible for 10-15% of maternal mortality worldwide (Park & Brewster, 2007; Turner, 2010). The incidence of preeclampsia in Indonesia is 128,273/year or about 5.3% and is the second highest cause of maternal mortality after bleeding from all pregnancies, occurring in about 3-8% of pregnancies with preeclampsia.

Preeclampsia can cause anxiety due to the fear and worry felt by pregnant women towards themselves and their babies (Frawley et al., 2020). Anxiety itself is an individual response that is shown to unpleasant conditions and can be experienced by all individuals. Depression and anxiety during pregnancy can lead to changes in the secretion of vasoactive hormones, leading to an increased risk of gestational hypertension. Anxiety during pregnancy has a negative impact on pregnant women because it stimulates uterine contractions which results in increased blood flow which triggers preeclampsia and miscarriage (Tan & Tan, 2013). Anxiety also causes vasoconstriction of the arteries by stimulation of the autonomic nervous system, thereby reducing the blood flow of the uteroplacenta and oxygen supply. This phenomenon affects the fetal heart rate and causes complications, such as abortion, premature birth, and low birth

weight (Turki et al., 2000; Vianna et al., 2011; Qiu et al., 2007; Kordi et al., 2017; Yuliani, 2018; Silalahi & Herni, 2023). Anxiety also increases blood pressure in pregnant women (Turki et al., 2000; Vianna et al., 2011; Qiu et al., 2007; Kordi et al., 2017; Yuliani, 2018). Management is carried out based on preeclampsia clinical courses such as hospitalization, treatment protocols. The mother's worries about herself and her baby increase the anxiety of a mother, in preeclampsia, keeping blood pressure under control is essential to prevent possible complications.

Listening to murottal recitation of the Qur'an through audio is one of the alternatives that can be a sedative and self-reminder so that it can reduce anxiety (Yuliani, 2018). There are many suras in the Qur'an that explain about Allah's mercy to His servants, one of which is Surah Ar-Rahman, which bestows various blessings that cannot be measured by humans both in this world and in the hereafter (Silalahi & Herni, 2023). A study states that treatment with Murottal Al Qur'an Surah Ar-Rahman audio has the effect of reducing the tension of the reflective nerves, creating peace of mind and increasing comfort so that it can lower and control anxiety (Asrul, 2023). Complementary therapy by listening to the Qur'an through audio is one of the anxiety treatments that has many advantages such as having no side effects and having a positive effect on blood pressure and anxiety and can be used as an independent nursing practice that is not complicated and can be done independently (Fariki, 2018). The researcher used the intervention of listening to the murottal Al-Quran specifically aimed to determine the effect of listening to the murottal Al-Quran on anxiety in pregnant women who were hospitalized due to mild preeclampsia.

Methods

This type of research is a quasi-experimental design with a nonequivalent pretest-posttest non-control group design, to determine the effect of listening to Murottal Al-Quran on anxiety of pregnant women with mild and severe preeclampsia at Muhammadiyah Palembang Hospital. This research was conducted from May to July 2024. The sample in this study is 11 pregnant women in the third trimester who experienced mild and severe preeclampsia at Muhammadiyah Hospital Palembang. The data collection techniques used were primary data and secondary data using questionnaires to measure anxiety in Stai-Y1 and Stai-Y2, observation sheets and murottal of the Quran. Data analysis using the Wilcoxon test.

Result and Discussion

Explain the results of the research in the form of problem solving that is analyzed using relevant theories. The results of the study also revealed the findings of the research. The discussion is accompanied by logical arguments by linking the research results with theories, other research results

Univariate Analysis

After conducting research on factors that affect anxiety facing the labor period in pregnant women in the third trimester at Elpi Al-Azis Labuhanbatu Hospital, the following results were obtained:

Table 1. Distribution of Respondents' Age Frequency of Anxiety in Pregnant Women

Age	f	%
> 20 or > 35 years	10	53,4
20-35 Years	34	46,6
Total	73	100,0

Based on table 1, it shows that of the 73 respondents studied, 39 respondents aged > 20 or > 35 years old and 34 people (46.6%) aged 20-35 years.

Table 2. Frequency Distribution based on Respondent Gravida

Gravida	f	%
High Risk (First Child)	42	57,5
Low Risk (2nd Child or more)	31	42,5
Total	73	100,0

Based on table 2, it shows that of the 73 respondents studied, 42 respondents (57.5%) with high-risk gravida (first child) and 31 (42.5%) low-risk gravida (2nd child or more).

Table 3. Frequency Distribution Pregnancy Examination History Respondents

Pregnancy Examination History	f	%
High Risk (1-3 Checks)	47	64,4
Low Risk (4-6 Checks)	26	35,6
Total	73	100,0

Based on table 3, it shows that of the 73 respondents studied, 47 respondents (64.4%) had a history of high-risk pregnancy examination (1-3 examinations) and 26 people (35.6%) had a history of low-risk pregnancy examination (4-6 examinations).

Table 4. Frequency Distribution of Respondents' Anxiety Levels

Anxiety Level	f	%
Momentary sub-district	48	65,8
Basic anxiety	25	34,2
Total	73	100,0

Based on table 4 showed that of the 73 respondents studied, 48 respondents (65.8%) had high anxiety levels and 25 people (34.2%) had low anxiety levels.

Bivariate Analysis

After conducting a univariate analysis, the researcher conducted a bivariate analysis using the *Chi-Square test*, the relationship between the independent variable and the dependent variable with the limit of the significance of the statistical calculation of *p value* (0.05), the following results were obtained:

Age Relationship to Anxiety in Preeclampsia Pregnant Women

Cross-age tabulation of anxiety about the labor period in pregnant women in the third trimester with preeclampsia can be seen in the table below:

Table 5. Relationship Age to Anxiety Facing Childbirth in Third Trimester Pregnant Women with Preeclampsia

Mother's Age	Anxiety Facing Labor				Total		P value
	Tall		Low				
	f	%	f	%	f	%	
> 20 or > 35 years	37	43,8	7	9,6	39	53,4	
20-35 Years	16	21,9	18	24,7	34	46,6	0,002
Total	48	65,8	25	34,2	73	100,0	

Based on table 4, it can be seen that of the 73 respondents studied, the age of mothers > 20 or > 35 years with high anxiety about the delivery period as many as 37 people (43.8%), low as many as 7 people (9.6%). Meanwhile, respondents aged 20-35 years with anxiety about facing childbirth were high as 16 people (21.9%), low as many as 18 people (24.7%).

Based on the results of the *Chi-Square analysis test of the* relationship between maternal age and anxiety facing childbirth, with a probability value of $\alpha = 0.05$, from the results of the study it is known that the *p-value* is $0.002 <$ from the α value of 0.05. The results of this analysis

meet the criteria for the relationship hypothesis, so it can be concluded that maternal age has a significant relationship with anxiety facing childbirth.

Gravida's Relationship to Anxiety in Pregnant Women

The cross-tabulation of gravida on anxiety facing the labor period in pregnant women in the third trimester can be seen in the table below:

Table 6. Gravida's Relationship to Anxiety in Pregnant Women

Gravida	Anxiety Facing pregnancy				Total		P value
	Tall		Low		f	%	
	f	%	f	%			
High Risk	35	47,9	7	9,6	42	57,5	0,000
Low Risk	13	17,8	18	24,7	31	42,5	
Total	48	65,8	25	34,2	73	100,0	

Based on table 6, it can be seen that of the 73 respondents studied, high-risk gravida (first child) with high anxiety about facing childbirth is 35 people (47.9%), low as many as 7 people (9.6%). Meanwhile, respondents with low-risk gravida (2nd child or more) with anxiety about facing childbirth were 13 people (17.8%), low as many as 18 people (24.7%).

Furthermore, from the results of the *Chi-Square* test, the relationship between gravida and anxiety facing childbirth, with a probability value of $\alpha = 0.05$, from the results of the study it was known that the *p-value* was $0.000 < \alpha$ value of 0.05. The results of this analysis meet the criteria for the effect hypothesis, so it can be concluded that gravida has a significant relationship with anxiety facing childbirth.

The Relationship of Pregnancy Examination History to Anxiety Facing the Childbirth Period in Third Trimester Pregnant Women at Elpi Al-Azis Hospital Labuhanbatu

The cross-tabulation of pregnancy examination history for anxiety facing childbirth in pregnant women in the third trimester can be seen in the table below:

Table 7. The Relationship of Pregnancy Examination History to Anxiety

Pregnancy Examination History	Anxiety Facing Labor				Total		P value
	Tall		Low		f	%	
	f	%	f	%			
High Risk (1-3 Checks)	40	54,8	7	9,6	47	64,4	0,000
Low Risk (4-6 Checks)	8	11,0	18	24,7	26	35,6	
Total	48	65,8	25	34,2	73	100,0	

Based on table 7, it can be seen that of the 73 respondents studied, the history of high-risk pregnancy examinations (1-3 examinations) with anxiety facing childbirth is high as 40 people (54.8%), low as many as 7 people (9.6%). Meanwhile, respondents with a history of low-risk pregnancy check-ups (4-6 check-ups) with anxiety about facing a high labor period were 8 people (11.0%), and 18 people (24.7%) were low.

Wilxon test analysis

Table 8. Overview of Anxiety Before and After Intervention

Variable	Pre Test			Post Test			Average Difference	p
	n	Median (min-max)	Average±SD	n	Median (min-max)	Average±SD		
Momentary Anxiety	11	42 (38-55)	44±18.30	11	28 (24-36)	29±15.80	15	0.000
Basic Anxiety	11	42 (38-58)	44±19.05	11	30 (24-54)	33±16.42	11	0.000

Table 8. shows that there was a statistically significant decrease in momentary anxiety before and after the intervention of listening to Quranic murotal therapy with an average difference of 15 and a p value of 0.000, and a decrease in basic anxiety before and after the intervention with an average difference of 11 with a p value of 0.000

Pregnancy is a physiological or natural process that occurs in women. Every woman or mother-to-be in general expects her pregnancy to continue normally until the time of delivery. But sometimes these expectations are different from reality. The mother experiences a problem in her pregnancy or her pregnancy becomes pathological. This makes the mother anxious and will have an impact on the growth and development of the fetus in the uterus. Moreover, coupled with the mother's ignorance of the pregnancy process itself, both physiological and psychological changes that occur during pregnancy.

Anxiety is a state of feeling, where individuals feel weak so that they are not brave and able to behave and act rationally according to what they should be. Women who are dependent, anxious and frightened have a long risk of giving birth. The high level of anxiety in pregnant women, especially pregnant women in the third trimester occurs because every pregnant woman will definitely be overwhelmed with various kinds of feelings such as strong feelings and courage to bear all burdens, fear, horror, love, hatred and doubt, certainty, anxiety, calmness, joyful hope, and anxiety experienced more intensively when approaching the birth of her baby. Causes of anxiety during pregnancy, especially in the third trimester of pregnancy, in this case, examples such as anxiety and fear of death, birth trauma, feelings of guilt and sin, and fear of the baby being born with a defect. At the same time, pregnant women also feel anxiety about the birth of their baby and the beginning of a new phase in their lives.

A study obtained the results of measuring the level of anxiety in pregnant women in the first trimester to the third trimester, namely most of the first trimester mothers experienced mild anxiety with a percentage of 93.3%, second trimester mothers mostly experienced mild anxiety with a percentage of 82.1%, while third trimester mothers mostly experienced severe anxiety with a percentage of 57.5%. Pregnancy with a history of Preeclampsia can affect anxiety, because it is related from the psychological aspect for the primigravida pregnancy that she experienced is the first experience, so that the third trimester is felt to be more worrisome because it is getting closer to the delivery process. Mothers will tend to feel anxious about their pregnancy, feel anxious, and afraid to face childbirth, considering ignorance is a supporting factor for anxiety, while mothers who are multigravida, may have anxiety related to past experiences that they have experienced. Pregnant women who do not have preparation for childbirth will experience anxiety and fear in facing childbirth. Even though the birth event is a normal physiological phenomenon, in reality the birth process has an impact on bleeding, pain and causes fear and even death of both the mother and the baby. The need for security is related to physiological context and interpersonal relationships. Physiological safety is concerned with something that threatens a person's body and life. The threat can be real or just imaginary (e.g. illness, pain, anxiety and so on). Ignorance of something sometimes makes you feel anxious and insecure. To provide comfort and peace of mind with the condition of pregnancy, it is necessary to make an effort to build self-awareness by getting closer to God as the creator of the universe and its contents in the creation of human life in this world.

Causes of anxiety during pregnancy, especially in the third trimester of pregnancy, in this case, examples such as anxiety and fear of death, birth trauma, feelings of guilt and sin, and fear of the baby being born with a defect. At the same time, pregnant women also feel anxiety about the birth of their baby and the beginning of a new phase in their lives. When the gestational age is approaching the delivery process, questions and shadows will arise whether it is possible to give birth normally, how to strain if giving birth normally, whether something will happen during childbirth, or whether the baby is born safely, will appear more and more often in the minds of pregnant women. Especially if there are problems in pregnancy such as diabetes,

anemia, and other pregnancy complications. Emotional tension due to anxiety to fear can increase the perception of pain during childbirth, especially in stage I. This fear and anxiety causes tension in the circular fibers of the lower part of the uterus, so that it will cause more intense pain.

A depression and anxiety study conducted by the WHO stated that about eight to ten percent of the total pregnant women in the world experience anxiety during pregnancy. If pregnant women experience anxiety, it is likely that the baby born can be premature, underweight, increase the risk of emotional imbalance of the mother after childbirth and delay in the motor and mental development of the fetus (Li et al., 2018; Lackovic et al., 2024; Maritza Abidanovanty et al., 2023).

From the results of the study, theories and related studies, the researcher assumes that one of the factors related to anxiety of pregnant women who experience preeclampsia is a significant decrease in momentary anxiety before and after the intervention of listening to Al-Quran murottal therapy with an average difference of 15 and a p value of 0.000, and a decrease in basic anxiety before and after the intervention with an average difference of 11 with a p value of 0.000. This will provide peace of mind for pregnant women in facing their spiritual conditions, it seems that on the one hand humans are servants (*'abd*) and on the other hand as caliphs. These two human functions do not have to be separated, let alone faced with each other. His humanity will become complete when he succeeds in balancing the dimension of servitude with the dimension of the caliphate. Separating one of the two makes humans experience personal division and experience mental illnesses such as anxiety, loneliness, and deviant and psychomatic behavior (Horwitz, 2013). Support by providing Al-Quran murottal therapy can be a sedation and at the same time motivation to increase confidence for pregnant women in facing childbirth so that it will reduce anxiety.

Conclusion

Listening to murottal Al-Qur'an can significantly reduce anxiety levels in pregnant women with mild or severe preeclampsia. This therapy provides a calming effect, increases mental peace, and provides comfort for pregnant women who are facing labor. This intervention shows a decrease in anxiety based on the results of the pre-test and post-test using the Wilcoxon method with a significant average difference. Murottal Al-Qur'an therapy can be a complementary alternative in dealing with anxiety in pregnant women, which is not only free of side effects, but also effective in controlling blood pressure and reducing reflective nerve tension. This therapy also has the advantage of being a simple, independent approach that can be widely applied in nursing practice to support the psychological well-being of pregnant women.

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