

RESEARCH ARTICLE

Effectiveness of Al-Qur'an *Tadabbur* Therapy on Nulliparous Women's Anxiety Level during Labor

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Abstract

The process of pregnancy affects psychological aspects significantly. This process may lead to anxiety and inconveniences. The previous research showed that anxiety might be contributing to the labor process. These can decrease baby birth weight and increased hypothalamic-pituitary-adrenal (HPA) hormone levels which cause changes in steroid hormone production and adult fertility rates. Besides, anxiety during pregnancy impacts emotional problems, disorders of hyperactivity, decentralization, and impaired child development. Nonpharmacological therapy that has been approved in reducing anxiety is religious copings. One of the religious copings is to contemplate (*tadabbur*) Al-Qur'an. Al-Qur'an can treat all kinds of diseases, including anxiety disorders. This study aims to examine the effect of Al-Qur'an *tadabbur* therapy on reducing nulliparous anxiety levels during labor. A quasi-experimental study was conducted with a pretest-posttest control group design. The sampling technique was consecutive sampling. The number of 30 third trimester nulliparous women experienced moderate-severe anxiety levels in Tanjung Karang Public Health Center, Mataram was selected to participate in this study during July–September 2020. They were divided into two groups, the intervention and control groups. The intervention group received Al-Qur'an *tadabbur* therapy, while the control group was not. The statistical analysis used was univariate and bivariate analyses with an independent t-test. The instrument was used as the Zung Self-Rating Anxiety Scale (SAS) questionnaire. This study showed that the decrease of anxiety score in the intervention group was 26.1% higher than the control group $p=0.001$ ($p<0.05$). In conclusion, Al-Qur'an *tadabbur* therapy is effective in reducing anxiety levels during labor.

Key words: Al-Qur'an *tadabbur*, anxiety, labor, nulliparous women

Efektivitas Terapi *Tadabbur* Al-Qur'an untuk Menurunkan Tingkat Kecemasan Ibu Primigravida dalam Menghadapi Persalinan

Abstrak

Proses kehamilan sering kali memengaruhi aspek psikologis yang dapat menyebabkan berbagai permasalahan seperti kecemasan dan ketidaknyamanan. Selain berdampak pada proses persalinan, kecemasan juga dapat mengakibatkan penurunan berat lahir dan peningkatan aktivitas hipotalamus-hipofisis-adrenal (HHA) yang menyebabkan perubahan produksi hormon steroid dan angka fertilitas saat dewasa. Selain itu, kecemasan pada masa kehamilan berkaitan dengan masalah emosional, gangguan hiperaktivitas, desentralisasi, dan gangguan perkembangan kognitif pada anak. Terapi nonfarmakologis yang telah disetujui dalam mengurangi kecemasan adalah *religious coping*. Salah satu *religious coping* adalah dengan *tadabbur* Al-Qur'an. Al-Qur'an merupakan pedoman yang mampu mengobati segala macam penyakit termasuk gangguan kecemasan. Penelitian ini bertujuan menguji efek terapi *tadabbur* Al-Qur'an terhadap penurunan kecemasan ibu hamil primigravida dalam menghadapi persalinan. Penelitian *quasi-experiment* dilakukan dengan *pretest-posttest with control group design*, teknik pengambilan sampel dengan *consecutive sampling*. Subjek penelitian adalah 30 ibu hamil primigravida trimester III yang mengalami kecemasan sedang–berat di wilayah kerja Puskesmas Tanjung Karang, Kota Mataram pada bulan Juli–September 2020 yang terbagi dalam 2 kelompok, yaitu kelompok intervensi yang mendapat terapi Al-Qur'an dan kelompok kontrol. Analisis data menggunakan uji t independen. Penilaian tingkat kecemasan dilakukan menggunakan kuisioner *Zung Self-Rating Anxiety Scale* (ZSAS). Berdasar atas hasil penelitian, penurunan tingkat kecemasan kelompok intervensi 26,1% lebih tinggi dibanding dengan kelompok kontrol dengan taraf signifikansi $p=0,001$ ($p<0,05$). Simpulan, terapi *tadabbur* Al-Qur'an cukup efektif untuk menurunkan kecemasan pada ibu hamil dalam menghadapi persalinan.

Kata kunci: Ibu primigravida, kecemasan, persalinan, *tadabbur* Al-Qur'an

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Introduction

The labor process often affects psychological aspects, which might contribute to psychological problems in terms of anxiety.¹ Anxiety is an unclear and pervasive worry which is related to feelings of uncertainty and helplessness. This emotional state has no specific object.² It has been reported that 54% of women experience anxiety at least during the first trimester, and it increases more frequently in the second and third trimesters.³ During this period, pregnant women feel anxious about many things, such as whether they can deliver the baby normally or abnormally, preparing for delivery, and postnatal care.³ Anxiety that occurs mainly in the third trimester might be another risk factor for releasing stress hormones. It contributes to uterine contractility disorders, prolonged labor, birth weight loss, and increased hypothalamic-pituitary-adrenal (HPA) hormone levels which causes changes in steroid hormone production.⁴ Another risk of anxiety during pregnancy is emotional problems, decentralization, and cognitive development disorders.⁵

Factors during pregnancy that might contribute to anxiety during pregnancy include hormonal changes, physical changes, and accepting the role of parenthood.⁶ Another factor is changes in neurotransmitters, a stressful life, low socioeconomic status, a history of stillbirth, miscarriages, congenital malformations, and unwanted pregnancy.⁷ Research has shown anxiety is more common in nulliparous/primiparous women.⁸ Furthermore, according to Larasati and Wibowo,⁹ the incidence of premature delivery is higher on women who often feel anxious facing labor. In Indonesia, there are 107,000 (28.7%) pregnant women who experience anxiety in facing labor.¹⁰ In a study conducted by Astria et al.,¹¹ shows that anxiety is more experienced in primigravida (first pregnancy) as much as 66.2%, compared with anxiety in multigravida 42.2%. With the number of negative impacts of anxiety, it is essential to provide an intervention to reduce anxiety in primigravida in facing labor.

There are two methods to reduce anxiety, such as pharmacological and nonpharmacological therapies. One of the nonpharmacological therapy is using Islamic psychotherapy.¹² Islamic psychotherapy makes one's beliefs last longer. According to Maimunah and Retnowati,¹³ nonpharmacological therapy that has been

approved in reducing anxiety is religious coping. One of the religious copings is Al-Qur'an *tadabbur*. *Tadabbur* meant any observation, examination, reflection on the meaning of the Al-Qur'an. The reality of *tadabbur* occurs during the process of understanding the verses of the Al-Qur'an. However, an in-depth understanding is closely related to the extent of a person's capability to understand a verse's interpretation.¹⁴

Tadabbur is a recitation of the Al-Qur'an by meditating on the verses of the Al-Qur'an that can delete, calm change to soothe. The Al-Qur'an is essentially a book that can change one's mind, desires, and behavior. If the pregnant women do *tadabbur* Al-Qur'an, they are expected to be able to open their minds and hearts to be more positive in processing anxiety. Humans are essentially God's creatures who must have a close relationship with their creator. The Al-Qur'an is a guide that can treat or treat anxiety, including anxiety disorders. The Al-Qur'an is a guide and a solution for all kinds of problems. By frequently getting closer to Allah SWT through recitation and recitation of the Al-Qur'an, the heart and the mind becomes more positive, and the soul feels spacious.¹⁵

Based on the explanation above, the objective of this study aims to examine the effect of Al-Qur'an *tadabbur* therapy in reducing nulliparous anxiety levels during labor.

Methods

It was a quasi-experimental study with the pretest and posttest control group design. This study was conducted in the Tanjung Karang Public Health Center work area, Mataram city, from July to October 2020. The study population was all Muslim primigravida pregnant women (nulliparous) who entered their third trimester of pregnancy (28–40 weeks). The procedure and sampling technique used was consecutive sampling. The instrument used to measure anxiety level is the Zung Self-Rating Anxiety Scale (ZSAS) questionnaire. Participants were selected and divided into two groups: intervention and control groups. First, both groups conducted a pretest to determine anxiety levels, just those who have moderate to severe anxiety levels measured. The intervention group received Al-Qur'an *tadabbur* therapy, while the control group received standard health education leaflets about labor preparation. The Al-Qur'an *tadabbur* therapy refers to the module developed by Prapto et al.¹²

The Al-Qur'an *tadabbur* therapy is designed for three meetings. Each session is approximately 60–100 minutes, accompanied by a researcher and an *ustadzah* who certified in *Mahad Qur'an wal hadits*. The Al-Qur'an *tadabbur* discussed the meaning of Al-Qur'an *tadabbur*, introductions between participants and facilitators, expressing anxieties during childbirth, hadits explanation, and *Asbabun nuzul* of Al-Qur'an verse about pregnancy and labor. The intervention group's sample size given Al-Qur'an *tadabbur* therapy is 15 respondents, and the control group is 15 respondents.

Ethical clearance for this study was obtained from the Health Research Ethics Committee of the Universitas Mataram with no potential for ethical violations with the issuance of the ethical clearance number 110/UN18.F7/ETIK/2020.

Results

The characteristics of the two groups were similar that the groups were considered comparable (Table 1).

In the pretest, the same results from the intervention group and the control group, 13 of

15 respondents had moderate anxiety levels, and 2 of 15 respondents had severe anxiety levels. After the intervention, the results showed that in the intervention group, 8 of 15 respondents did not experience anxiety/normal range, 6 of 15 respondents experienced mild anxiety, and 1 of 15 respondents experienced moderate anxiety. In contrast, the control group found 2 of 15 respondents had no anxiety, 5 of 15 people had mild anxiety, and 8 of 15 had moderate anxiety (Table 2).

There was a difference in the mean of the anxiety score between the control and intervention groups after therapy. The decrease in the mean of the intervention group's anxiety scores was 26.1% higher than the control group (Table 3). The statistical results showed that Al-Qur'an *tadabbur* therapy effectively reduces the anxiety level of nulliparous during labor with a p value=0.001.

Discussion

This study's novel aspect was Al-Qur'an *tadabbur* method as one of the religious copings to reduce nulliparous anxiety during pregnancy.

Table 1 Respondent Characteristics

Characteristics	Groups		p Value*
	Intervention (n=15)	Control (n=15)	
Age (years)			0.537
<25	6	9	
25–30	5	3	
>30	4	3	
Education			0.143
<High School	6	10	
≥High School	9	5	
Occupation			0.704
Employed	5	6	
Unemployed	10	9	

Note: *chi-square test

Table 2 Comparison of Anxiety Score before and after Therapy

Anxiety Level	Intervention Group (n=15)		Control Group (n=15)	
	Pretest	Posttest	Pretest	Posttest
Normal range	0	8	0	2
Mild	0	6	0	5
Moderate	13	1	13	8
Severe	2	0	2	0

Table 3 Effect of Al-Qur'an *Tadabbur* Therapy on Anxiety Level of Third Trimester Nulliparous

Variable (Scale 100)	Groups		p Value*
	Intervention (n=15)	Control (n=15)	
Anxiety score			0.001
Pretest			
Mean (SD)	67.5 (6.8)	66.2 (7.6)	
Medium	61–83	61–88	
Posttest			
Mean (SD)	41.3 (11.6)	57.8 (13.02)	
Medium	24–63	29–78	
Differences			
Pretest vs posttest**	p=0.001	p=0.002	
% decrease (mean)	38.8	12.7	

Note: *Willcoxon test, **independent t test

Nulliparous women in labor tend to experience anxiety and inconveniences before and during labor. Other studies have been performed to see the effect of this therapy. It is according to Qadri's theory,¹⁶ which states that Al-Qur'an provides directions and solutions to everything problem. All of the diseases can be treated with the Al-Qur'an.

Anxiety is a mixture of unpleasant emotions dominated by fear, worry, and uncontrollable anxiety about threatening conditions that are not clear in the future.¹⁷ In pregnant women, especially in the third trimester, maternal psychology changes seem more complex and increased compared to the previous trimester, which is due to the increasing condition of pregnancy. This study results in line with Rinata and Andayani's¹⁸ study that indicated there is a relationship between anxiety and gestational age, primigravida women in labor tend to experience anxiety and restlessness before and during labor. Research conducted by Berle et al.¹⁹ also states that gestational age affects pregnant women's level of anxiety. Due to the closer to childbirth, the level of anxiety will increase in line with concerns about abnormal childbirth, pain, and baby delivery preparation.

This study aims to determine the effectiveness of Al-Qur'an *tadabbur* therapy to reduce anxiety in primigravida. This study pointed out that the intervention group's level of anxiety was lower compared to the control group after getting Al-Qur'an *tadabbur* therapy. There are differences in the level of anxiety scores between the intervention group and the control group. The

test result in the intervention group is $p=0.001$, and in the control group is $p=0.002$. It can be concluded that there is a difference in the level of anxiety in the intervention group compared to the control group. It can be concluded that Al-Qur'an *tadabbur* therapy is effective in reducing anxiety levels. The finding is consistent with the theory of Najati,²⁰ which states that the Al-Qur'an can soothe one's heart and mind, can change thoughts, desires, and behavior. Someone who performs Al-Qur'an *tadabbur*, it is hoped that it will be able to open mind and heart to be more positive in processing anxiety.

Factors that influence labor include the passage, passenger, power, maternal psychology, and birth attendance. Pregnancy is a crisis involving deep psychological factors, which occur because of a very large somatic change.^{21,22} The findings were similar to Prapto et al.¹² on the Al-Qur'an *tadabbur* therapy to reduce anxiety on the first delivery. The group who followed the Al-Qur'an *tadabbur* therapy has a lower anxiety score, $p=0.032$ ($p<0.05$), compared with the control group. This study shows that Al-Qur'an *tadabbur* therapy can be used as one of the ways to reduce anxiety before delivery.^{13,23}

According to Mulyadi et al.²⁴ that Islamic psychotherapy is the capability of reducing anxiety. This research also shows that the Al-Qur'an *tadabbur* therapy improves mental health by reducing anxiety before the delivery process. This research stated that religion-based therapy (mainly Islamic) could also reduce anxiety and improve mental health. The finding is consistent with Zakaria et al.²⁵ that the contents of the Al-

Qur'an become a source of principles for humans as the way of life in the world and the hereafter.

Fifteen respondents who received the Al-Qur'an *tadabbur* and 15 respondents who received the health education leaflet felt comfort and reducing anxiety before the delivery process. The Al-Qur'an *tadabbur* is beneficial in the early third trimester of the labor process to prevent unnecessary interventions.

Conclusion

Al-Qur'an *tadabbur* therapy was effective in reducing the anxiety level of nulliparous women during labor.

Conflict of Interest

All authors state there is no conflict of interest in this article.

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