

The Effect of Al-Qur'an *Murottal* Therapy on Breastfeeding Anxiety in Primipara Postpartum Mothers

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Abstract: The psychological condition of primiparous postpartum mothers is that they will experience anxiety during breastfeeding caused by the calmness or comfort of the mother's soul. Spiritual activities such as listening to Al-Qur'an *murottal* may affect this psychological condition. This study, therefore, aims to determine the effect of Al-Qur'an *murottal* therapy on breastfeeding anxiety in primiparous postpartum mothers. This pre-experimental quantitative study used a one-group pretest-posttest design. There were 33 respondents from primiparous postpartum mothers' days 3–10 involved in this study who came from the Independent Practice Midwife in Central Java. The inclusion criteria included being Muslim, physically and mentally healthy, and communicative. The exclusion criteria, on the other hand, were pre-eclampsia, eclampsia, and bleeding. The dependent variable was anxiety, assessed by the Hamilton Anxiety Rating Scale (HARS). The average anxiety score before therapy was 31.79 (severe), and after therapy was 13.58 (mild). Different tests using the Wilcoxon Test revealed significant differences in anxiety scores before and after therapy ($p < 0.000$). It can be concluded that Al-Qur'an *murottal* therapy influenced breastfeeding anxiety in primiparous postpartum mothers. Thus, the Al-Qur'an *murottal* can be used to reduce anxiety during breastfeeding, especially in primiparous postpartum mothers.

Keywords: postpartum; breastfeeding anxiety; Al-Qur'an *murottal*

INTRODUCTION

During the postpartum period, various problems can appear, both in the form of physical and psychological complications, and this period is quite important for health workers, especially midwives, to monitor.¹ The birth process that a mother goes through can result in stress caused by a sense of discomfort with the situation being experienced by herself and her baby.² Specifically, in the Pati Region, the psychological problems experienced by breastfeeding mothers occurred due to discomfort when breastfeeding and caring for themselves and their babies. Data uncovered that 42.5% of breastfeeding mothers in the first month faced stress, consisting of 25% light stress, 15% moderate stress, and 2.5% severe stress. In addition, 75% of breastfeeding in the first month was done by mothers who did not experience stress or experienced mild and moderate stress. This situation will become more severe if the mother cannot overcome the difficulties she is experiencing.³

Fundamentally, exclusive breastfeeding has many benefits, according to the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), which recommend that babies born receive breast milk from their mothers for six months without additional food or drink.⁴ Exclusive breastfeeding in infants can reduce mortality rates (IMR) due to infection by 88%. Children can also get sick (such as from the incidence of upper respiratory tract infections (ISPA), diarrhea, and intestinal diseases) if they do not get exclusive breastfeeding, which is 31.36% of 37.94%.⁵ In the period 2015–2020, a 50% target of exclusive breastfeeding was achieved. Besides, the low level of exclusive breastfeeding can affect the quality and vitality of the next generation.⁶

In Central Java, data showed that the percentage of newborns who received Early Breastfeeding Initiation (IMD) was 79.7%. Of 35 regencies in Central Java, Pati Regency was ranked 19th (86.6%) with the

lowest data percentage.⁷ Exclusive breastfeeding in developing countries can, in fact, protect 1.5 million babies per year. From this, WHO recommends a government policy regarding exclusive breastfeeding in Indonesia, which was established in 2004 through Kepmenkes RI Number 450/Menkes/SK/IV/2004 and is based on Government Regulation No. 33 of 2012.⁸

Efforts that can be made include increasing faith to gain strength and calm.⁹ The coolness or comfort of the mother's soul can affect the amount and smoothness of breast milk production. In this regard, listening to the Al-Qur'an *murottal* is one of the spiritual activities. It physically contains elements of the human voice, which is an amazing healing instrument, easy to reach, and does not contain drugs. Sound can reduce stress hormones, making individuals feel relaxed and changing attention from fear, anxiety, and tension so that breast milk comes out smoothly or easily and makes mothers more comfortable breastfeeding their babies.¹⁰

Al-Qur'an *murottal* therapy can be used to reduce anxiety, as supported by several past studies. Research conducted by Ameliasari (2020) exposed the effect of Al-Qur'an *murottal* Surah Ar-Rahman therapy on anxiety scores in postpartum mothers.¹¹ Other studies (Widuri, 2020) and (Wulansari, 2017) revealed an effect of Al-Qur'an *murottal* therapy on anxiety levels in mothers in labor and delivery in the latent phase I.^{12,13} Moreover, according to research carried out (Risnawati, 2017), there is an effect of *murottal* and music therapies on reducing student anxiety levels when facing the final assignment.¹⁴ For that reason, this study was conducted to determine the effect of Al-Qur'an *murottal* therapy on breastfeeding anxiety for primiparous postpartum mothers at Independent Practice Midwife, Kertomulyo, Pati, in 2022.

MATERIAL AND METHOD

This study used a quantitative research type with a pre-experimental research design applying a one-group pre-posttest design. This research was conducted at the Midwife Independent Practice Siswati, SKM, Kertomulyo, Pati, 2022, from October to November 2022. Variable measurements were carried out using an instrument in the form of the HARS questionnaire (Hamilton Anxiety Rating Scale) given to respondents to determine the level of anxiety breastfeeding felt.¹⁵ The study population was primiparous postpartum mothers in Midwife Independent Practice Siswati, SKM, determined using inclusion criteria: willingness to be respondents, Muslim, physically and mentally healthy, primipara postpartum mothers' day 3–10, and communicative. Meanwhile, exclusion criteria were pre-eclampsia, eclampsia, bleeding, and others.¹⁶

Further, the researchers determined that the variables measured were in two categories: dependent and independent. While the dependent variable was breastfeeding anxiety in primiparous postpartum mothers, the independent variable was Al-Qur'an *murrotal*. Data collection was carried out by providing Al-Qur'an *murottal* with Surah Ar-Rahman through a tape recorder or by sending recordings via the researcher's cell phone to primiparous postpartum mothers. Al-Qur'an *murottal* was listened to at least three times a day when there were no activities when breastfeeding and when going to sleep. It was performed for six days.¹⁶ In addition, data collection in this study involved an enumerator who assisted the researchers in recording respondents and distributing research questionnaires.

The required number of samples was determined by using the Slovin formula to calculate the minimum number of samples used as research respondents. Since this study took an error tolerance of 10% (0.1), the following calculation of the Slovin formula was used:¹¹

$$\frac{n = N}{1 + Ne^2} = \frac{50}{1 + 50(0.1)^2} = 33.33$$

The minimum number of samples obtained was 33 respondents. Thus, the number of samples required was 33 respondents in this study. Then, filled-out questionnaires were returned to the researchers. Thirty-three respondents filled them out. Thus, a total of 33 respondents were included in this study. The sampling technique employed an accidental sampling technique with inclusion and exclusion criteria.

Moreover, this study used a questionnaire with a functioning HARS scale to measure a person's level of anxiety. Questionnaires were given directly to respondents before and after interventions were given, used to detect breastfeeding anxiety in primiparous postpartum mothers. The HARS scale used in this study consisted of 14 questions with five answer criteria, i.e., 0: no symptoms, 1: mild symptoms, 2: moderate symptoms, 3: severe symptoms, and 4: panic symptoms.¹² After being filled out by the respondents, a scale was classified with a measurement result: a score of <14 indicates no anxiety; a score of 21–27 is defined as moderate anxiety; a score of 28–41 denotes severe anxiety; and a score of 42–56 is characterized as panic.¹⁷ In addition, the statistical test used was the Wilcoxon Signed Rank Test at a significant level of 95% ($\alpha < 0.05$).¹⁸

Then, the data were analyzed using a computer program called IBM SPSS Statistics 26 for Windows. Statistical tests like the Shapiro-Wilk test were used to see if the data were distributed normally, and the Wilcoxon test was employed to see what effect the independent variables had on the dependent variable before and after Al-Qur'an *murrotal* therapy was given. This research has received ethical clearance from the Research Ethics Commission of the Faculty of Health, Jenderal Achmad Yani University, Yogyakarta, and has been approved with Letter Number S.Kep/333/KEPK/IX/2022.^{19,20}

RESULT

The study was conducted on 33 primiparous postpartum mothers at Independent Practitioner Midwife, Kertomulyo, Pati, in 2022. The demographic description of the participants is presented in Table 1. Table 1 reveals the number of respondents—as many as 33 primiparous postpartum mothers. Most primiparous postpartum mothers were subjects aged 20–35 years (94%), with high school education (55%), and housewives (46%). Of the total, there were 30 (91%) primiparous postpartum mothers, and 3 (9%) experienced abortion.

Table 1. Distribution of Frequency and Percentage of Characteristics of Primipara Postpartum Mothers

Variable	Characteristics	Frequency (f)	Percentage (%)
Age	20 – 35 Years	31	93.93
	> 35 Years	2	6.06
Education	Junior High School	7	21.21
	Senior High School	18	54.54
	Diploma	3	9.09
	Bachelor	5	15.15
Work	Full housewife	15	45.45
	Private sector employee	10	30.30
	Civil servant	8	24.24
Parity	P1A0	30	90.9
	P1A1	3	9.09

Table 2. Postpartum Primipara Mothers' Breastfeeding Anxiety Score Before and After Giving Al-Qur'an *Murrotal* Therapy (N=33)

Anxiety Score	Means	Median	std. Deviation	Minimum	Maximum	P Value
Pretest	31.7879	34.0000	7.44042	19.00	41.00	0.000
Posttest	13.58	14.00	5.099	2	21	

Table 2 displays the anxiety of primiparous postpartum mothers before and after treatment with Al-Qur'an *murrotal*. The anxiety score before intervention was 31.79 (19–41) on average, which belonged to severe anxiety. After the intervention of Al-Qur'an *murrotal*, the average was 13.58 (2–21), categorized as mild anxiety. Further, the Wilcoxon test showed that the decrease in anxiety scores after therapy was significant (p 0.000). These results can be interpreted as indicating that Al-Quran *murrotal* therapy can reduce the level of breastfeeding anxiety in primipara postpartum mothers.

DISCUSSION

This research explains that the postpartum period is a time when a woman's social and psychological conditions will have an effect, and these conditions have a risk of experiencing psychological disorders, such as anxiety. Anxiety or psychological disturbances occur due to the transition process of a woman becoming a mother.²¹ Primipara postpartum mothers who experience anxiety will cause breast milk not to come out smoothly and will interfere with the process of exclusive breastfeeding, which is influenced by formula feeding, lack of awareness, and knowledge of mothers.²² This is also because primiparous postpartum mothers do not have experience breastfeeding and caring for their babies.²³

In this study, the maximum anxiety value, which was still high, certainly illustrates part of the psychological state regarding breastfeeding anxiety in primiparous postpartum mothers, influencing feelings of discomfort with the situation being experienced, either from the breastfeeding process or even herself and the care of her baby. It aligns with Ulfa and Setyaningsih's research, stating that in the Pati Region, the psychological problems experienced by breastfeeding mothers occurred due to discomfort when breastfeeding and caring for themselves and their babies. Existing data revealed that 42.5% of mothers who breastfed in the first month faced stress, consisting of 25% light stress, 15% moderate stress, and 2.5% severe stress.³

Postpartum mothers who have just had their first child are certainly not ready and are wary of preparing themselves and their babies, which can cause psychological disorders. Psychological disturbances in the form of anxiety about preparation for breastfeeding will be the mother's first enemy. The mother is afraid that if her milk does not come out, her baby will not be full of breastfeeding, and she is even afraid to take care of herself and her baby. Postpartum mothers who experience these symptoms will certainly find a way to overcome the problem with either pharmacological or non-pharmacological therapy. Pharmacological therapy, for example, is taking anti-anxiety drugs (anxiolytics), such as Diazepam, while non-pharmacological therapy can be used to overcome anxiety about breastfeeding by listening to Al-Qur'an *murottal*. By listening to *murottal*, the mother will undoubtedly feel calm and relaxed while breastfeeding. It is supported by exclusive breastfeeding, which will provide many benefits for both the baby and the mother herself. Therefore, UNICEF and WHO recommend that breastfeeding from a mother be given to babies for six months without additional food and drink. It considers that exclusive breastfeeding for babies can reduce infant mortality due to infectious diseases by 88%. In addition, children are more susceptible to illness if they are not exclusively breastfed, from 31.36% to 37.94%.²⁴

Additionally, the Al-Qur'an *murottal* was shown to reduce breastfeeding anxiety in primiparous postpartum mothers, in line with Ameliasari's (2020) study, which explains that by listening to the Al-Qur'an verses, Muslims, whether they speak Arabic or not, will experience extraordinary physiological changes.⁹ This statement is supported by *murottal* therapy, i.e., therapy by listening to the reading of the holy verses of the Qur'an, which is useful for lowering stress hormones, activating natural endorphins, increasing feelings of relaxation, distracting from fear, anxiety, and tension, and improving the body's chemical system to lower blood pressure, slow breathing, heart rate, pulse, and brain wave activity. Such a deeper or slower breathing rate is excellent for promoting calmness, emotional control, deeper thinking, and better metabolism. When listening to the Qur'an, impulses (stimuli) enter the brain through the auditory area. From the cochlea, the signal of the Qur'anic verses is forwarded to the thalamus and delivered to the amygdala (emotional center), which is an important part of the system that affects emotions and behavior, and then delivered to the hippocampus (emotional memory center) and hypothalamus (autonomic control center) so that the sound of the chanting of the holy verses of the Qur'an listened to becomes energy with a positive effect on the mood, causing a sense of relaxation and comfort.¹⁴ In listening to the holy verses of the Qur'an, a Muslim, whether they speak Arabic or not, will also feel a huge physiological change. In general, they feel a decrease in depression and sadness, which will make the soul calm. Besides, Al-Qur'an *murottal* can be interpreted as the recitation of the holy verses of the Al-Qur'an sung by a *qor'i* (Al-Qur'an reader) and then recorded and played at a slow and harmonious tempo.⁹

This research also found a decrease in breastfeeding anxiety scores in primiparous postpartum mothers after being given treatment in the form of Al-Qur'an *murottal* therapy, which is consistent with the research of Azzahroh *et al.* and Rifiana and Sari. They concluded that Al-Qur'an *murottal* therapy has an effect on reducing anxiety levels, so it is hoped that it can be considered for application as an action in dealing with anxious responses in patients.^{21, 25}

Furthermore, the limitations of this study included communication between researchers and postpartum mothers as respondents, which was recurrently hampered because not all respondents responded to the researchers' chat via WhatsApp quickly. The researchers also could not control the time of intervention since the time was not the same for each respondent. Besides, this research was homogenized in primipara postpartum mothers with the number of research respondents within the minimum number of samples and did not have a control group because it used an unpaired group.

CONCLUSION

There is an effect of Al-Qur'an *murottal* therapy on the anxiety of breastfeeding primiparous postpartum mothers. Therefore, Al-Qur'an *murottal* therapy can be used as a complementary service to reduce anxiety during breastfeeding, especially in primiparous postpartum mothers.

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CONFLICT OF INTEREST

In the research conducted, there was no conflict on the campus or the place used for research.

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