EFFECTIVENESS OF MUROTTAL AL-QUR'AN THERAPY AND MASSAGE THERAPY ON THE DECREASE IN THE PAIN SCALE OF BREASTFALL I ACTIVE PHASE OF BIRTH IN PMB Bd.MULIANA, S.Tr.Keb., M.Keb. AND PMB EVA YANTI, SST ACEH BESAR DISTRICT

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ABSTRACT

Pain during labor is a physiological condition, but if left untreated pain can affect the mother's condition in the form of fatigue, fear of worry and stress that will increase pain. The purpose of this study was to determine the effectiveness of Qur'anic Murottal Therapy and Massage Therapy on reducing the pain scale of labor phase I active phase of laboring mothers at PMB Bd.Muliana, S.Tr.Keb., M.KM and PMB Eva Yanti, SST. Aceh Besar Regency. This type of research is quantitative with a Quasy Experiment Pre and Post two group approach. The sample of this study was 60 respondents from the total population of all laboring mothers who were divided into 2 groups, namely 30 respondents who were given Al-Qur'an Murottal Therapy and 30 respondents who were given Massage Therapy. The sampling technique in this study using consecutive sampling technique. The results of statistical tests used in this study are Wilcoxon test. Both groups experienced an increase after doing Al-Qur'an Murottal Therapy and Massage Therapy, the P value of the two groups was 0.00, and the comparative value of Al-Qur'an Murottal Therapy and Massae Therapy using the Man Withney U test p value. The value of Al-Qur'an Murottal Therapy is 37.40 and Massage Therapy is 23.60, which means Massage Therapy is more effective than Al-Qur'an Murottal therapy.

Keywords: *The Qur'anic Murottal, Massage, Reduction of Labor Pain*

INTRODUCTION

Pain is defined as a sense of discomfort caused by stimulation of special nerve endings during labour and vaginal birth. It is also caused by uterine contractions, cervical dilatation and perenium distension, as well as by visceral afferent nerve fibres that carry sensory impulses from the uterus entering the spinal cord in the tenth, eleventh and twelfth thoracic segments and the first lumbar segment (T10 to L1) (Rukiyah et al., 2014).

As stated by Padila (2014) in Maskalah et al. (2014), pain experienced during the first stage of labour has a distinct impact on each mother. An increase in the sympathetic nervous system is observed in response to the pain felt by the mother, accompanied by changes in blood pressure, pulse, irregular breathing, feelings of nausea and vomiting, and excessive sweating.

As stated by the World Health Organization (WHO) (2013), over 200 million pregnant women give birth each year. Despite the fact that the majority of pregnancies result in the birth of a live baby in a healthy mother, there are instances where childbirth is not a safe event, resulting in pain, fear, suffering, and even death. As reported by Rohfiin (2015) in Devi, et al. (2018), the rates of maternal mortality in Vietnam, Thailand, Brunei, and Malaysia are 160, 44, 60, and 39 per 100,000 live births, respectively.

The Ministry of Health of the Republic of Indonesia (Kemenkes RI, 2019) has reported that the number of mothers in Indonesia who are considered to be at high risk of pregnancy is as follows.

METHODS

The research methodology employed is quantitative research or quantitative design with a quasi-experimental design approach (Polit & Beck, 2014). The objective of a quasi-experimental design is to ascertain the causal relationship between a predetermined set of independent and dependent variables. The objective of quasi-experimental designs in nursing is to ascertain the effect of nursing or care interventions (independent variables) on patient outcomes (dependent variables) (Grove, Burns, and Gray, 2013). The quasi-experimental design employed is in the form of a pre- and post-test control group.

The research was conducted at the following locations: PMB Bd. Muliana, S. Tr. Keb., MKM and PMB Eva Yanti SST, Kota Baro, Aceh Besar Regency. The research was conducted over the period September to October 2024. The population under investigation in this study comprises all mothers who have given birth to infants in the Active Phase I at PMB Bd.Muliana, S.Tr, Keb., MKM and PMB Eva Yanti, SST. The sampling method employed was consecutive sampling. This method is employed solely for the purpose of selecting a sample, whereby all individuals encountered who meet the

requisite criteria are included until the desired sample size is reached (Dharma, 2016). The study was designed to include a sample size of 60 respondents. In order to ensure the integrity of the research process and prevent the introduction of bias, it is essential to define clear inclusion and exclusion criteria at the sampling stage.

The research instrument was constructed in the form of a recording sheet, which was then collated and modified.

RESULTS AND DISCUSSION

1.Univariate Analysis

Tabel 1. Frequency Distribution Of Characteristics Of Laboring Mothers Given Murottal Al-Qur'an Therapy And Massage Therapy At Pmb Muliana And Pmb Eva Yanti Aceh Besar District In 2024

No Age of Respondents Murottal Al-Qur'an Therapy Massage Therapy

No	Age Respondent	Terapy Murottal Al-Qur'an		Terapy *Massase*	
		F	*%*	*f*	*%*
1	Age				
	< 20 Thn	3	10	3	10
	20-30 Thn	15	50	18	60
	> 30 Thn	12	40	9	30
2	Work				
	Employed Not	9	30	12	40
	Working	21	70	18	60
3	Education				
	higher	9	30	9	30
	secondary	20	60	18	60
	elementary	1	10	3	10

(Source: Primary Data Processed in 2024)

Table 1. illustrates that the age profile of labouring mothers who received Al-Qur'an Murottal Therapy was predominantly within the 20-30 age bracket, comprising 15 individuals (50%), while the youngest age group (less than 20 years) accounted for only 3 individuals (10%). The majority of those who received massage therapy were in the 20-30 age group, comprising 18 individuals or 60% of the total. The smallest age group was under 20, with only three individuals or 10**% of the total.**

It can be observed that the employment status of labouring mothers who received Al-Qur'an Murottal Therapy was predominantly non-working, with 21 individuals (70%) falling into this category. Conversely, the least represented group was those who were employed, with only 9 individuals (30%) in this category. In contrast, the majority of those who received

massage therapy were not employed, with 18 individuals (60%) in this category and only 12 (40%) in employment.

It can be observed that the educational characteristics of labouring mothers who are given Al-Quran Murottal Therapy are predominantly situated within the intermediate category, with 20 individuals representing 60% of the total number of cases. Conversely, the basic category accounts for the least number of cases, with a single individual representing only 10% of the total. In contrast, the majority of respondents who received massage therapy fell into the intermediate category, with 18 individuals representing 60% of the total sample. The remaining 10% were classified as belonging to the basic category.

Table 2. Distribution Of Frequency Of Pain Scales Of Murdering Mothers Before And After Giving Alqur'an Murottal Therapy And Massage Therapy At PMB Muliana, S.Tr.Keb, Mkm And PMB Eva Eva Yanti, Sst Babaya Aceh Besar Year 2024

Labor Pain Scale	Terapy Murottal Al- Qur'an				Terapy *Massase*			
	Before		After		Before		After	
	f	%	f	%	f	%	f	%
0	0	0	0	0	0	0	0	0
1- 3	0	0	18	60	3	10	18	60
4-6	9	30	12	40	12	40	9	30
7-10	21	70	0	0	15	50	3	10
total	30	100	30	100	30	100	30	100

(Source: Primary Data Processed in 2024)

As illustrated in Table 2, prior to undergoing Al-Qur'an Murottal Therapy, the majority of respondents reported experiencing pain on a scale of 7-10. In fact, 21 respondents (70%) indicated that they had experienced pain on this scale, while no respondents indicated that they had experienced pain on a scale of 0-3. In contrast, the Scale of Labour Pain After Al-Qur'an Murottal Therapy revealed that the majority of respondents experienced pain on a scale of 1-3, with as many as 18 respondents (60%) reporting this level of pain and no respondents experiencing pain on a scale of 0 and 7-10.

2. Bivariate Analysis
Wilcoxon Test of Murottal Al-Qur'an Therapy and Massage Therapy

Table 3. Presents the frequency distribution of differences in the perception of labour pain before and after the administration of Al-Qur'an murottal therapy and massage. The data indicate a notable decrease in the intensity of labour pain among kala i labouring mothers.

No		N	Mean	Median	Min – Max	Z	P Value
1	Terapy Murottal Al-Qur'an					-4, 808	
	Pre	30	7, 20	7,00	5-9		0,000
	Post	30	2, 97	2,00	2-5		
2	Terapy *Massase*					-4, 249	
	Pre	30	6, 17	6,50	3-9		
	Post	30	3, 60	3,00	2-8		0,000

(Source: Primary Data Processed in 2024)

The data presented in Table 3 was used as the basis for this analysis. The mean value for the Al-Qur'an Murottal Therapy group is 7.20 for the pretest and 2.97 for the posttest. The median value for the pretest is 7.00 and for the posttest it is 2.00. The minimum value for the pretest is 5, while the maximum is 9. For the posttest, the minimum value is 2, while the maximum is 5. The Z-value is -4,808, and the p-value is 0.000. The results of this study indicate a statistically significant difference in pain scale before and after Al-Qur'an Murottal Therapy (Z = -4.808, p = 0.000).

The mean value for the Massage Therapy group was 6.17 in the pretest and 3.60 in the posttest. The median value was 6.50 in the pretest and 3.00 in the posttest. The minimum value was 3 in the pretest and 2 in the posttest, with a maximum value of 9 in the pretest and 8 in the posttest. The Z-value was -4.24, with a p-value of 0.000. The findings of this study demonstrate a statistically significant difference in pain scores between the pre- and post-massage therapy periods, with a Z-value of -4.24 and a p-value of 0.000.

Comparative analysis of Qur'anic Murottal Therapy and Massage Therapy utilising the Mann Whitney Test

Table 4. A comparison of Murottal Al-Qur'an Therapy and Massage Therapy at PMB Bd.Muliana, S.Tr.Keb., MKM and PMB Eva Yanti, SST Aceh Besar District Year 2024

No.		Mean Rank	Median	Min	Max	Z	P value
1	Terapy Murottal Al-Quran	37,40	3,50	1	2	-3,105	0,000
2	Terapy *Massase*	23,60	3,50	1	7		

Table 4. illustrates that the mean rank value of Al-Qur'an Murottal Therapy is 37.40, with a median of 3.50, a minimum value of 1, and a maximum value of 2. In comparison, the mean rank of Massage Therapy is 23.60, with a median of 3.50, a minimum value of 1, and a maximum value of 7. The Z-value is -3.105, while the p-value is 0.000.

Conculsio

The results of the research on the effectiveness of Al-Qur'an Murottal Therapy and Massage Therapy on reducing labour pain during the first active phase of labouring mothers at PMB Muliana and PMB EVA Yanti Aceh Besar Regency indicate that the mean rank value of Al-Qur'an Murottal Therapy is 37.40, with a median of 3.50, a minimum value of 1, and a maximum value of 2. In contrast, the mean rank of Massage Therapy is 23.60, with a median of 3.50, a minimum value of 1, and a maximum value of 7. The Z-value is -3.105, while the p-value is 0.000. It can be concluded that massage therapy is more effective than Qur'anic murrotal therapy in reducing the pain scale of labour during the active phase of labouring mothers.

ACKNOWLEDGEMENT

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