



The Influence of Caesarean Section Education Program and Quranic Recitation Therapy on Anxiety Levels in Preoperative Patients at RA Kartini Hospital, Jepara Regency

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Abstract

Background: This study was conducted to analyze the effect of caesarean section education program and Quranic recitation therapy on reducing anxiety levels in preoperative caesarean section patients at RA Kartini Hospital, Jepara Regency.

Methods: This research design uses a quasi-experimental non-randomized pre-trial post-test control design, the minimum sample size used in this study is 40 patients for the intervention sample of the education program and Quranic recitation therapy as many as 20 samples, and a control sample of 20 samples.

Results: The results of the analysis based on the measurement time show that the pretest scores in both the intervention group and the control group showed no significant difference with a p-value of 0.573, meaning that both groups of respondents had the same level of anxiety before the intervention. While the posttest scores showed that there were significant differences in the two groups after the intervention in the intervention group showed a higher decrease in anxiety levels than the control group with a p-value <0.05.

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INTRODUCTION

The process of childbirth can be done by several methods such as normal, vacuum, forceps, and caesarean section. Every medical action must also be based on a medical diagnosis. Pregnant women who want to be able to give birth normally, in some pathological cases must undergo caesarean section surgery (Dias et al., 2019; Martin et al., 2018). Caesarean section is one of the most common surgical procedures in the world. Caesarean section is the delivery of a fetus by making an incision in the abdominal wall (laparotomy) and uterine wall (hysterotomy) (Sinnott et al., 2016). Caesarean section is conducted to prevent maternal and fetal mortality from complications that may occur after vaginal delivery (Kozhimannil et al., 2019; Sinnott et al., 2016).

Indonesia is a developing country with 9.8% caesarean section with the highest rate in the DKI Jakarta area at 19.9 billion, the lowest rate in Southeast Sulawesi with a total of 3.3% based on Rikesdas data in 2018 (Badan Penelitian dan Pengembangan Kesehatan, 2018). While in the Central Java region, the number of births with caesarean section procedures shows data of 9.8%. Meanwhile, in Jepara Regency, the number of births with caesarean section in 2020 was 4.94%. The data shows that there is an increase in caesarean section every year in Jepara Regency by 2% per year (Dinkes Jepara, 2021).

Rahmaiah's (2013) research reported that every time facing a surgical procedure can make patients feel afraid and anxious, and the psychological state of a pregnant woman can cause a sense of anxiety and fear that can possibly occur, either for the mother or her child. Anxiety is a feeling of uncertainty and powerlessness when someone gets pressure and problems, for example in patients who will undergo surgery often experience anxiety and have an impact on impaired hemodynamic status of patients before caesarean section (Abadi et al., 2018; Roshangar et al., 2020).

Anxiety in preoperative caesarean section patients can cause disturbances in hemodynamic status due to anxiety. Hemodynamic disturbances include increased pulse rate, increased blood pressure, cold hands, increased breathing, etc. This condition

can be dangerous for the pregnant mother and fetus (Kühlmann et al., 2018; Tang et al., 2019). Caesarean section surgery can carry the risk of physical trauma and death that can affect the psychology of patients before surgery, one of which is anxiety and fear. Anxiety in preoperative caesarean section patients is anxiety before the surgery (Pinto & Rosalina, 2015).

Based on a preliminary survey conducted by researchers at the Obstetrics and Gynecology Room (Bougenville Room) of RA Kartini Hospital in Jepara Regency, that during 2019 the incidence rate of caesarean section was 1,825 while in 2020 the incidence rate of caesarean section was 2190. Researchers conducted an interview with 10 pregnant women who will be conducted caesarean section when entering the surgical room, it was found that 10 mothers experienced anxiety with the category of mild anxiety level of 3 mothers, moderate anxiety level of 6 mothers and severe anxiety level of 1 mother. With hemodynamic disorders, 7 mothers experienced hemodynamic disorders such as increased pulse and increased blood pressure.

Every preoperative caesarean section patient can respond to the emergence of anxiety due to ineffective coping. Anxiety in preoperative caesarean section patients can be influenced by several things such as patient knowledge, family support, health insurance, patient economic status and comorbidities that occur in patients. In the implementation of anxiety, each patient has different predisposing factors in responding to preoperative caesarean section anxiety (Pinto & Rosalina, 2015). Efforts to overcome anxiety problems in caesarean section patients require interventions in the form of good and effective patient education (Kozier & Erb's, 2016). Education begins with communicating with the nurse to ask and listen to complaints about the patient's condition and health. When the condition of the patient worsens if the real information is not given, the patient may feel uncertain and unable to take appropriate action (Abraham, 200).

Nurses play an important role in patient education and should be able to identify and apply all aspects of knowledge based on patient needs. It is also one of the patient's rights

that the nurse informs the patient and family to treat their illness within a specified time (UU RI, No. 36 Terkait Kesehatan, 2009). In nursing, the purpose of patient education is to prevent disease, improve health, reduce health problems, maintain existing health, and be able to maximize the function of the patient's role during illness and help patients and their families overcome a health problem (Suliha, 1999). The results of Tamah's (2019) research showed that anxiety was present in 65.7% of patients without preoperative education, showing a correlation between preoperative education and anxiety levels (p value) = 0.02 (Tamah et al., 2019).

Patient education is an important aspect to equip patients with knowledge about surgery. According to studies, preoperative education is effective in reducing fear, depression, stress and anxiety in patients who will undergo a surgical procedure (Douki et al., 2011). In addition to providing education, several studies have reported that Quranic recitation therapy is an appropriate intervention to reduce preoperative anxiety (Handayani et al., 2014; Ria et al., 2020; Siswanti & Kulsum, 2017). Widayarti's (2011) research reported that Quranic recitation therapy has a positive impact on a person who hears it. The Qur'an has several meanings including *As-Syifa* which means that the Qur'an is a cure for all diseases, both non-physical and physical diseases (Ismayanti et al., 2021; Millizia & Syafridah, 2022; Tang et al., 2019). The content of the holy verses of the Qur'an is closely related to medical science and medicines that can cure a disease. The verses of the Qur'an can contain various ways to treat both physical diseases from the outside and cure non-physical diseases, namely diseases of the heart or soul, such as feelings of worry, anxiety and sadness. Handayani (2014) show that the average difference between the decrease in anxiety levels before and after treatment using Quranic recitation therapy, p -value < (0.000) (Handayani et al., 2014). Based on the above background, the researcher is interested in conducting research by intervening in the provision of caesarean section education program and Quranic recitation therapy on anxiety in caesarean section preoperative patients at RA Kartini Hospital, Jepara Regency.

METHODS

This research design uses a quasi-experimental non-randomized pretrial post-test control design, where subjects in the intervention and control groups are not randomized, then comparing the results of the intervention in the to-d intervention and control groups is measured by conducting pre-test and post-test procedures for the dependent variable with the aim of determining the degree of influence of an intervention, from this intervention it is assumed that there is a change or there is an influence on other variables (Notoatmodjo, 2012).

The population in this study were all pre-operative caesarean section patients undergoing treatment in the obstetrics and gynecology room (Bougenvil Room) of RA Kartini Hospital, Jepara Regency. The sample is an object that will be studied and is considered representative of the entire population (Notoatmodjo, 2015). The sampling technique in this study used purposive sampling using several criteria. The inclusion criteria of this study are cooperative patients (with GCS 13-15), who have never had previous caesarean section surgery (G1P0A0), patients who have health insurance (KIS, BPJS), and patients who are willing to become respondents. The exclusion criteria in this study are: non-Muslim patients, patients have received education related to caesarean section preparation, and patients have received Quranic recitation therapy.

Because the population size cannot be determined, in determining the research sample, the proportion estimation is used using the Slovin formula with the minimum sample used in this study being 43 patients and then adjusted to 44 patients who will be divided into 2 groups, so that the intervention sample for the education program and murrotal therapy is 22 samples, and the control sample is 22 samples.

RESULTS AND DISCUSSIONS

This research was conducted at the Regional General Hospital (RSUD) RA Kartini in Jepara. RSUD RA Kartini in Jepara is a government-owned hospital in Jepara Regency. Before being named RSUD RA Kartini, it was known as the Regional General Hospital of Level II. However, after April 21, 1979,

the hospital officially changed its name to RSUD RA Kartini Jepara. Its establishment is aimed at providing healthcare services to the community, especially to the people of Jepara and its surrounding areas. Currently, RSUD RA Kartini Jepara is accredited as a Type B Educational Hospital.

Data collection was carried out on September 12, 2022 to September 24, 2022 in

the obstetric and gynecological treatment room or Mawar and Bougenville Rooms of RA Kartini Hospital, Jepara Regency. The Mawar and Bougenville rooms are special treatment rooms for treating pre, intra and postpartum patients. In the implementation of the study, researchers obtained a sample of 22 in the mawar room and 18 in the bougenville room.

Table 1 Characteristics of Research Respondents

| | Intervention Group | | Control Group | | <i>P-Value</i> |
|-----------------------------------|--------------------|-----|---------------|-----|----------------|
| | n | % | n | % | |
| Age (Mean; SD) | 31.15; 5.373 | | 30.05; 4.751 | | 0.315 |
| Education Level | | | | | |
| High School | 14 | 70 | 15 | 75 | 0.573 |
| Undergraduate | 6 | 30 | 5 | 25 | |
| Working Status | | | | | |
| Working | 15 | 75 | 13 | 65 | 0.787 |
| Not Working | 5 | 25 | 7 | 35 | |
| Health insurance ownership | | | | | |
| Does Not Have | 0 | 0 | 0 | 0 | - |
| Have | 20 | 100 | 20 | 100 | |

Table 2. Mean Difference in Anxiety Level Before and After in the Intervention Group

| Anxiety Level | Mean | Std. Deviation | <i>P-Value</i> | CI95% |
|----------------|------|----------------|----------------|---------------|
| Pretest Score | 22.6 | 4.978 | 0.000 | 3.886 - 7.914 |
| Posttest Score | 16.7 | 2.577 | | |

Table 3. Mean Difference in Anxiety Level Before and After in the Control Group

| Anxiety Level | Mean | Std. Deviation | <i>P-Value</i> | CI95% |
|----------------|-------|----------------|----------------|-------------|
| Pretest Score | 21.75 | 4.811 | 0.389 | 1.100-2.700 |
| Posttest Score | 20.95 | 4.161 | | |

Table 1 shows the characteristics of the study respondents. The average age of the intervention group respondents was 31 years old while the control group was 30 years old, the results of the difference test showed no significant difference between the age of the intervention group and the control group with a p-value of 0.315. The majority of the education of respondents in the intervention group and control group was high school, 70% and 75% respectively, the results of the chi square analysis showed no significant difference for the characteristics of the education level in the two groups with a p-value of 0.573. The characteristics of respondents seen in working

status showed that both the intervention group and the control group the majority of respondents were working, namely 75% and 65% of respondents were working. The results of the analysis also showed no significant difference in the intervention group and control group with a p-value of 0.787. All respondents in the intervention group and control group were participants of health insurance.

Table 2 shows the average difference in anxiety levels before and after the intervention in the intervention group, namely the average pretest value is 22.6 and has decreased after the intervention to 16.7 with a p-value of 0.000 and CI95% is 3.886-7.914. The results of the analysis

show that there is an effect of intervention on respondents.

Table 3 shows the difference in the average score of anxiety levels in the control group, namely the average pretest score is 21.75 and decreased to 20.95 with a p-value of 0.389 and CI95% is 1,100-2,700 these results indicate that there is no significant difference in pretest scores and posttest scores. Based on the characteristics of anxiety levels, it was found that most respondents in both the control and intervention groups had an average anxiety level of 22.6 and 21.7, meaning that the majority of respondents had severe anxiety. This result is different from the findings of previous studies where most respondents had moderate anxiety (83.4%) before being given Quranic recitation therapy. This could be due to the current pandemic conditions which increase the level of concern that mothers will be exposed to the Covid- 19 virus on themselves and their babies (Azzahroh et al., 2020). Observations in the field showed that there was a body reaction in respondents while waiting for caesarean section to be conducted. Some respondents looked restless, often went to the bathroom, sweated and looked nervous and tense. When assessed, their anxiety was categorized as severe anxiety. This was supported by a previous research report that interviewed 10 respondents who were going to undergo caesarean section. Seven of the 10 respondents were seen urinating frequently, complaining of difficulty sleeping, and always asking about complications caused after caesarean section (Azzahroh et al., 2020). This is possible because the caesarean section procedure has a number of complications including postoperative bleeding, wound infection, thrombophlebitis, and pain. Caesarean section surgery can also result in physical trauma and risk of death. These impacts can affect the psychology of the patient in the form of fear and anxiety (Ahsan & Lestari, 2017). Another study reported that the internal variables that are very instrumental in causing anxiety are age and occupation (46.7%), while the external variable is family support (60.0%). In this study, the anxiety of both intervention and control respondents was due to worry about the baby's condition (26.7%).

Kinoysan (2015), said that the Qur'an has several terms including the term As-Syifa. The term As-Syifa indicates that the Qur'an is a cure for various diseases, both physical and non-physical. The Qur'an can cure non-physical diseases, namely diseases of the heart or soul, such as anxiety, anxiety and sadness. The process is that the sound vibrations of the recitation of the Qur'an will be captured by the earlobe which will be diverted to the ear hole and hit the tympanic membrane (the membrane inside the ear) so that it vibrates towards the brain precisely in the auditory area, then delivered to the emotional memory storage area which is a system that affects emotions and behavior. This area of the brain functions to think or process data and information that enters the brain. When listening to it with full sincerity and humility, there will be motivation or encouragement in the brain to remember experiences, pleasant thoughts so as to create a positive mood. Even if a person does not understand the meaning of the Quranic verses, but if he listens to it with sincerity and love, the Qur'an will still have a positive effect on mood through the impressions generated in the amygdala and hippocampus (a person's emotional processing process).

This is in accordance with the results of Handayani's (2014) research, the results of the paired t test show that there is a difference in the average decrease in anxiety levels before and after Quranic recitation therapy with a p value $< \alpha$ ($0.000 < 0.05$). This is because laboring mothers who listen to Quranic recitation experience calmness and comfort while listening to Quranic recitation which has an impact on continued calmness after listening to Quranic recitation. Likewise, with the results of Riyadhi's (2014) research, the results of the Paired Sample T Test statistical test analysis obtained a p value of 0.000, thus the p value $< \alpha$ ($0.000 < 0.05$) then H_a is accepted. So, it can be concluded that there is an effect of Quranic recitation therapy on the anxiety level of preoperative patients.

Based on these results, it can be seen that listening to Quranic recitation can reduce the anxiety level of preoperative caesarean section mothers so that they can increase self-confidence and think positively to be ready for

caesarean section with a little less worry that the mother has been feeling. Preoperative cesarean section mothers who experience moderate anxiety levels after being given Quranic recitation therapy change to mild anxiety levels, as well as mothers with severe anxiety levels change to moderate anxiety levels. This is because by listening to Quranic recitation, the mother becomes calm and surrenders that everything belongs to Allah. Although the mother doesn't understand the meaning of the Quranic verses, her sincere and resigned attitude makes her ready to face the risks that occur after undergoing a caesarean section operation. Based on the results, it was found that the mother, despite having a moderate level of anxiety, still experienced moderate anxiety. However, there was a decrease in anxiety levels based on the results. This is due to her lack of concentration while listening, resulting in only a slight decrease in anxiety. Negative thoughts constantly haunt her, especially since she has given birth before, and even with a normal birth, the healing process was long. It's possible that a caesarean section operation might take even longer, making it difficult for the mother to take care of herself and her child. In addition, she's afraid her child may have abnormalities. Another factor is that she's far from her loved ones, especially her husband and parents, so there's no one providing support, and she feels that no one will help her after the operation. Ultimately, despite receiving therapy through the recitation of the Quran, the mother still feels fearful and worried. Based on these results, in addition to Quranic recitation therapy, other actions are needed, such as relaxation techniques and collaboration with a doctor to provide anti-anxiety medication as needed.

Anxiety in pre-operative caesarean section patients needs to be addressed because it can have an impact on the physiological condition of the body, including increased blood pressure. This can make the surgery difficult as it may lead to bleeding and delayed wound healing (Sukron, 2018). Other research reports that the impact of anxiety can also be dangerous for both the mother and the fetus. The mother's blood pressure and heart rate will increase, leading to uterine contractions. This will also result in an increased fetal heart rate

(Hamranani, 2020). Hepp et al. highlighting that pregnant women awaiting caesarean section procedures often experience high levels of anxiety, especially if they have a predisposition to anxiety. Therefore, they require appropriate support or intervention. Patients with a higher tendency for anxiety when facing caesarean sections also experience stronger negative psychological effects during the procedure. The difference in anxiety levels before and after intervention in the control group is significant with $p < 0.05$. These results indicate a difference in the average anxiety levels before and after intervention for the control group (Hamranani, 2020).

The difference in the average anxiety scores before and after intervention in the control group is 3.51 - 5.55. The results of the statistical test for the difference in mean anxiety levels after intervention in the control group and the intervention group in tables 2 and 3 yielded a result of $p > 0.05$. This value means that the variance of data in both groups after the intervention is the same, indicating no significant difference. Control group respondents who did not receive therapy also experienced a reduction in anxiety. However, the difference in anxiety for those who did not receive intervention (3.51 - 5.55) is not as significant as the reduction in the group that received Quranic recitation therapy (5.67 - 11.127).

The results above align with Abbas et al.'s study, which found no significant difference between the control and intervention groups before and after intervention, as well as before and after undergoing caesarean section ($p > 0.05$), except for the systolic and diastolic blood pressure immediately post-operation ($p = 0.002$) (Hamranani, 2020). Additionally, Mirghafourvand et al. also reported that the likelihood of premature birth was lower in patients who received Quranic recitation intervention with translation (odds ratio: 0.3, 95% CI: 0.1-1.2) and in the Quranic recitation group without translation (0.6, 0.2-1.9) compared to the control group. However, this difference was not statistically significant (Hamranani, 2020).

The lesser decrease in anxiety scores in the control group compared to the intervention

group can be explained by what Spielberger et al. have mentioned, that anxiety can disrupt cognitive functioning, hindering the ability to learn. This is what causes individuals experiencing anxiety to have difficulty concentrating, comprehending information, experiencing forgetfulness, and struggling to form concepts and solve problems. Therefore, the education provided by healthcare professionals cannot be absorbed optimally by mothers who are anxious when undergoing a caesarean section. (Hamranani, 2020; Hyett & Mills, 2006).

Table 4 shows the difference in average anxiety levels based on the measurement time in both groups. The analysis results indicate that the pretest values in both the intervention group and the control group demonstrate no significant difference with a p-value of 0.573, meaning both groups of respondents had the same level of anxiety before the intervention. However, the posttest values indicate a significant difference in both groups after the intervention. In the intervention group, there is a higher reduction in anxiety levels compared to the control group with a p-value of < 0.05.

Table. 4. The Difference in Average Anxiety Levels Based on Measurement Time

| Measurement of Anxiety Levels | Mean | Std. Deviation | Std. Error Mean | 95% CI | t | P-Value |
|--------------------------------------------------------|-------------|-----------------------|------------------------|---------------|----------|----------------|
| Pretest Scores for the Intervention and Control Group | 0.85 | 6.635 | 1.484 | -2.255- 3.955 | 0.573 | 0.573 |
| Posttest Scores for the Intervention and Control Group | -4.25 | 4.471 | 1.000 | -6.342 -2.158 | -4.251 | 0.00 |

The reduction in anxiety levels in the intervention group indicates that it is the result of Quranic recitation therapy. Caesarean section is one of the most common surgeries in the field of obstetrics and gynecology. Unlike many other surgeries, caesarean sections are often performed on healthy pregnant women, so both women and healthcare practitioners often perceive caesarean sections as routine procedures and may overlook the potential for physical and psychological side effects (Hepp et al., 2016). There are only a few studies that explain the impact of caesarean section on specific parameters like pain, anxiety, and satisfaction. The most disruptive anxiety occurs before the operation and during the closing of the skin during the operation. This is marked by an increase in cortisol levels in the saliva of women undergoing a caesarean section, as well as an increase in the STAI anxiety scale scores during the research (Juanda & Kesuma, 2015).

Feelings of anxiety, fear, and pain can make women uneasy in facing pregnancy, childbirth, and the postpartum period. The anxiety that occurs can be detrimental to both the mother and the fetus. This happens because in anxious conditions, there is an increase in adrenaline, which leads to vasoconstriction of blood vessels. This condition reduces the supply of oxygen to the fetus and weakens

uterine contractions. Additionally, there is also an increase in Adrenocorticotrophic Hormone (ACTH), which stimulates the release of cortisol and an increase in blood sugar (Ria et al., 2020). Listening to Quranic recitation can reduce the level of pain and anxiety during caesarean section, thus creating comfort for the mother (Abbas et al., 2016). Listening to the Quranic recitation can reduce the level of anxiety in mothers who are about to undergo a caesarean section because this therapy can serve as a distraction for the mother when anxiety occurs (Suhita et al., 2019). When listening to the recitation of the Quran, a mother will have positive thoughts towards Allah, even if she does not understand the meaning of the Quranic verses. As a result, she will be more confident in facing all the risks associated with the caesarean section procedure. The mother will become calmer, resigned, and sincere, knowing that everything belongs to Allah SWT (Azzahroh et al., 2020).

Listening to the recitation of the Quran has been proven to reduce the tension in reflex nerves (Astuti et al., 2018). The stimulus received from the recitation of the Quran to the auditory senses will induce muscle relaxation and provide distraction from pain perception due to an increase in endorphin hormones. Additionally, the hypothalamus is

also stimulated to release neuropeptides. These neuropeptides will reduce the levels of cortisol, dopamine, and norepinephrine, which are the causes of anxiety, leading to a more relaxed and comfortable body (Astuti et al., 2018). Another study also reinforces the notion that Quranic recitation acts as a stimulant primarily dominated by delta waves in the central and frontal regions, which stimulates the release of neuropeptides, thus reducing anxiety (Mohd et al., 2019). The results of the study by Daud & Sharif (2018), which used Thinklabs Phonocardiography software and subsequently analyzed the frequency components using MATLAB 7.11.0, revealed that the heart rate frequency while listening to the Quran was lower compared to before listening to the Quran. This indicates that tranquility can be achieved by listening to selected Quranic verses. The sound of the Quran consists of frequencies and specific wave heights. This recitation emits a soothing melody that restores coordination and influences brain cells. Ultimately, this will affect the mental and psychological well-being of individuals, helping them to withstand illnesses (Mohd et al., 2019). This aligns with the statement made by Nasiri et al. that Quranic recitation is a sound with specific frequencies and rhythms that produce harmonious tones and have positive effects on brain cells. Quranic recitation successfully reduces preoperative anxiety, improves vital signs, enhances oxygen saturation, and increases awareness (Hakim et al., 2018; Nasiri et al., 2017; Yuliani et al., 2018).

Patients who have listened to Quranic recitation show more relaxed and calm brainwave patterns when undergoing EEG (Electroencephalography) (Nasiri et al., 2017). Although a person may not understand the verses being recited, listening to the recitation of the Quran also has a therapeutic effect (Hashim et al., 2017; Nasiri et al., 2017). Quranic recitation contains human vocal elements that can increase endorphins, the "happy hormone," and reduce stress hormones, thereby lowering fear, anxiety, and tension, which leads to a calmer state of mind (Ria et al., 2020).

Several research reviews also discuss the effectiveness of Quranic recitation in reducing anxiety in caesarean section patients. Azzahroh et al.'s research states that there is a difference

in anxiety levels in respondents before and after the Quranic recitation intervention ($0.000 < 0.005$) (Azzahroh et al., 2020). After receiving Quranic recitation therapy, the level of anxiety is in the mild and moderate range, accounting for 50%. This suggests that the administration of Quranic recitation therapy can reduce the anxiety levels of respondents before caesarean section. Quranic recitation can also alleviate anxiety and pain experienced by mothers during the active phase of childbirth (Hashim et al., 2017). Wigatinationsih et al. also state that there is a reduction in anxiety levels from moderate to mild in mothers who receive Quranic recitation intervention before undergoing a caesarean section. Yuliani et al., in their systematic review, also mention that Quranic recitation has an effect on reducing anxiety levels before and after the treatment (Wigatinationsih et al., 2020). From the results of statistical tests, there are still some mothers whose anxiety levels remain in the moderate/severe range even after receiving therapy. This could be due to some mothers having difficulty concentrating when listening to Quranic recitation therapy, resulting in only a slight reduction in anxiety. This is supported by Azzahroh et al.'s research. According to their findings, some mothers remained in the moderate anxiety category even after receiving therapy; this may occur when the Quranic recitation is playing, and the mother's concentration is lacking, resulting in only a minor decrease. Additionally, these mothers may still be plagued by negative thoughts, such as the fear that the caesarean section operation may have a lengthy recovery period, making it difficult for them to care for their child and themselves. They may feel there is no one to provide support and assistance after the caesarean section because they live far from their parents. Moreover, they may have concerns about potential birth defects in their child. Based on the reviews above, Quranic recitation therapy can be recommended as a non-pharmacological pain management technique and as an anxiety management technique for patients undergoing caesarean sections (Azzahroh et al., 2020).

There are some limitations in this study, including the fact that the researchers did not compare the effectiveness of Quranic

recitation therapy with pharmacological therapy in reducing anxiety in patients undergoing caesarean sections. Additionally, the measurement of the combined effects of education and Quranic recitation was not conducted, making it difficult to discern the influence of both interventions.

CONCLUSION

There is an influence of the caesarean section education program and Quranic recitation therapy on the reduction of anxiety levels in preoperative caesarean section patients at RA Kartini Hospital, Jepara Regency. The analysis results based on measurement time show that the pretest values in both the intervention group and the control group indicate no significant difference, with a p-value of 0.573, meaning both groups of respondents had the same level of anxiety before the intervention. However, the posttest values indicate a significant difference in both groups after the intervention. In the intervention group, there is a higher reduction in anxiety levels compared to the control group, with a p-value of < 0.05.

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