



The Effect of Murrotal Therapy With St Belt on Maternal and Fetal Wellbeing

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ABSTRACT

Background. Improving fetal intelligence starts with stimulation made by his mother; maternal soul tranquility highly affects the stimulation a mother will made to her fetus. Maternal soul tranquility will make mother stimulate her baby happily, thereby improving the fetal intelligence. For the pregnant women to be able to stimulate the fetus well, they should be healthy physically, mentally, spiritually, and socially. **Objective.** This research aims to find out the effect of St Belt on maternal and fetal spiritual wellbeing. **Method.** This research used a quasi-experimental method. The design used was non-equivalent pre-test and post-test control-group design. The population of research was all pregnant women with 24-38 week gestation having their pregnancy examined routinely in PMB Kuswatiningsih. The sampling technique used in this research was nonprobability sampling with purposive sampling. The main instruments used were Spiritual Well-Being and CTG. Data analysis was conducted using paired and independent t-tests. **Result.** There is no difference of breath movement, DJJ, and amniotic fluid volume between before and after intervention in experimental group. There are 8 (eight) pregnant women with score 10, 1 (one) with score 8, and 1 (one) with score 6. In control group, there is a difference of score; in prior examination, 6 (six) pregnant women have score 10, but in the last examination, 7 pregnant women have score 10. There is a significant difference of anxiety level after intervention in the respondents in experimental group with p value = 0.002 ($\alpha < 0.50$). There is a significant difference of spirituality level before intervention in the respondents of experimental group with p value = 0.002 ($\alpha < 0.50$).

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INTRODUCTION

The first 1000 days of life program is the period of rapid growth and development from the conception to the baby's second birthday. It is the determinant of further life quality, including physical, mental and emotional, and intellectual health. It also contributes to how a mother stimulates her fetus (Chalid & Hasanuddin, 2016).

Improving fetal intelligence starts with stimulation made by a mother; maternal soul tranquility highly affects the stimulation a mother will make to her fetus. Maternal soul tranquility will make mother stimulate her fetus happily and thereby can improve the fetal wellbeing. The keys to providing prenatal education are being quiet and accepting,

and mother should perceive that prenatal education is important to provide. For a pregnant woman to stimulate fetus well, she should be healthy physically, mentally, spiritually and socially. One of methods to do to improve health is to use spiritual wellbeing. Spirituality, according to Hanna in (Hanna, 2006) is a belief to which an individual adhere beyond his self border in higher dimension (with her God). Scholars distinguish the one with good spirituality from the one with good religiosity, meaning that the one having good spirituality unsurely has good spirituality (Amir & Lesmawati, 2016).

Spiritual wellbeing can affect an individual's movement because her peaceful feeling makes her participate actively in religious activities, thereby getting spiritual and physical

tranquility and health (Holt-Lunstad, Steffen, Sandberg, & Ensen, 2011). (Maselko, Gilman, & Buka, 2009) study found that the symptoms of depression can be reduced to 30% by improving spirituality. (Chairunnisa & Fourianalistyawati, 2017) also found that spirituality can give psychological power, thereby reduced depression rate in pregnant women. Spirituality correlates positively to an individual's psychological wellbeing (Chairunnisa & Fourianalistyawati, 2017).

One way to improve the pregnant women's spirituality is to provide prenatal education in the prenatal class, because it can improve women's mother on their pregnancy. Therefore, prenatal education is important to do routinely and regularly (Shi, Wang, Yuan, Jiang, & Zeng, 2015).

The achievement of Antenatal Care (ANC) visits K1 and K4 has been high on average in all provinces. Sunarsih's research (2021) shows that the number of ANC > 4 times namely 310 people (84.7%) (Sunarsih, Ismail, Astuti, Shanti, & Ekawati, 2021). However, the ANC service still focuses on physical healthcare service only, and integrated ANC has not provided psychological service. Meanwhile, the mental health condition during pregnancy affects the fetal life in the uterus that has an impact on the fetal life. Fetus has been able to record what his mother experiences and make it the reference for postnatal life (Glover, 2016).

Emotional bond between mother and child is established for the first time in pregnancy period in which this stage is the learning stage experienced by the fetus since in the womb. However, problems are often found in the process of adapting to being a mother, the transition period of women into mother occurs during pregnancy period and early baby birth. The period is the vulnerable one often followed with stress. Stress in this period is caused not only by the adaptation in taking care of baby but also the consideration of caretaking to be undertaken (Mazzeschi, Pazzagli, Radi, Raspa, & Buratta, 2015).

(Harahap, 2018) study found that spiritual imbalance in pregnant women results in problematic pregnancy leading to failure to progress or prolonged labor and severe anemia in mother and fetal distress leading to unstable fetal heartbeat. Thus, spirituality is very important to be given to pregnant women as it can reduce anxiety/stress in pregnant women, thereby precluding pregnancy complication from occurring and reducing morbidity and mortality in mother and fetus (F. P. Handayani & Fourianalistyawati, 2018).

Al Qadhi's (1984) study in (Al-Qudsy, Nurhidayah, & Alaika Salamulloh, 2010) found that an individual who read Quran can feel the big change in her physiology, indicated with reduced depression, sorrow, and more soul tranquility. The research proves that reading Quran can contribute to soul tranquility and heal disease (Al-Qudsy et al., 2010).

Nurhayati's study confirms the result of research showing that murottal exerts great effect as good as the classical music does. Nurhayati proves that the 48-hour old baby seems to be quieter and to express smiling response when Quran is read to him. Murottal affects not only an individual's intellectual quotient (IQ) and emotional quotient (EQ), but also his spiritual quotient (SQ) (Al-Qudsy et al., 2010). The phenomenon within society reveals that many pregnant women pay inadequate attention to their fetuses.

Spiritual aspect has not covered service provided to pregnant women, while pregnant women need spiritual wellbeing to reduce their anxiety and to prepare child's intelligence since in the womb. There has been no standardization of healthcare service for pregnant women

and fetuses with spiritual approach. Therefore, the author is interested in conducting a research on the effect of St Belt on maternal and fetal wellbeing. The objective of research was to analyze the effect of *St Belt* on pregnant women and fetuses.

METHOD

This research used quasi-experimental method. The design used was *non-equivalent pre-test and post-test control-group design* (Creswell, 2014). The population of research was all pregnant women at 24-38 gestation having their pregnancy examined routinely in PMB Kuswatiningsih. The sample of employed in this research was pregnant women at 24-38 gestation having their pregnancy examined routinely in PMB Kuswatiningsih.

The subjects of research were classified based on inclusive and exclusive criteria, and divided into two groups: intervention and control. The subjects were classified into inclusive and exclusive criteria. The sampling technique used in this research was *nonprobability sampling with purposive sampling*. *Purposive sampling* is a sampling method conducted by selecting respondents according to inclusive criterion (Creswell, 2014).

Inclusive criterion in this research includes:

- Pregnant women with 24-38 week gestation who are available to be respondents
- Pregnant women participating/attending pregnant woman class
- Normal pregnant women
- Muslim pregnant women
- Having reading and writing abilities.

Meanwhile, exclusive criterion in this research includes:

- Pregnant women unavailable to be respondent
- Pregnant women with complication
- Pregnant women with mental disorder

This research took place in PMB Kuswatiningsih. The research period started in May 2021 and ended in August 2021. Bivariate analysis was conducted to find out the effect of intervention or treatment. The variable viewed was independent variable on dependent variable. Therefore, statistic tests to be used in this research were *paired t-test* and *independent t-test*.

RESULTS AND DISCUSSION

Fetal Wellbeing

The monitoring of fetal wellbeing is desirable during pregnancy period, aiming to find out the fetal development. The components that can be the measure to find out fetal wellbeing are fetal movement, breath movement, fetal tonus, fetal heartbeat, and amniotic fluid volume. Table 25 shows that there is no difference of breath movement, fetal heartbeat and amniotic fluid volume before and after intervention in experimental group. Eight (8) pregnant women have score 10, meaning that the fetuses are normal, with lower risk of chronic asphyxia incidence. One (1) pregnant woman has score 8, meaning that the fetus is normal, with lower risk of chronic asphyxia incidence. One (1) pregnant woman has score 6, meaning there is suspicious

chronic asphyxia. There is a difference of score in control group, in which 6 (six) pregnant women have score 10 in early examination, but 7 have score 10 in the last

examination. However, 3 (three) pregnant women have score 6 in both early and last examinations.

Table 1. Fetal Wellbeing in Experiment Group

| Eksperimen | Control | | | | After Intervention | | | |
|------------|------------|-----|-----------|-----|--------------------|-----|-----------|-----|
| | Eksperimen | | Kontrol | | Eksperimen | | Kontrol | |
| | Frekuensi | % | Frekuensi | % | Frekuensi | % | Frekuensi | % |
| Score 10 | 8 | 80% | 6 | 60% | 8 | 80% | 7 | 70% |
| Score 8 | 1 | 10% | 1 | 1% | 1 | 10% | 0 | 0% |
| Score 6 | 1 | 10% | 3 | 30% | 1 | 10% | 3 | 30% |
| Score 4 | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Score 0-2 | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |

Maternal Wellbeing

Anxiety analysis on intervention group

Table 2. Analysis of anxiety level in experimental group in pretest and posttest

| Group | Mean | Mean Difference | Score p |
|----------|------|-----------------|---------|
| Pretest | 1,40 | 1,400 | 0,000 |
| Posttest | 1,00 | | |

Table 25 reveals the result of paired t-test statistical test for pretest and posttest in experimental group. Mean score is 1.40 in pretest and 1.00 in posttest, with the mean difference of 0.40 and p value = 0.000 ($\alpha < 0.05$). This result indicates that there is a difference of anxiety level between pretest and posttest in experimental group.

Anxiety Analysis on control group

Table 3. Analysis of anxiety level in control group in pretest and posttest

| Group | Mean | Mean Difference | Score p |
|----------|------|-----------------|---------|
| Pretest | 1,20 | 1,200 | 0,000 |
| Posttest | 1,60 | 1,600 | |

Table 3. presents the result of paired t-test statistical tests for pretest and posttest in control group. The mean score is 1.20 in pretest and 1.60 in posttest, with the mean difference of 0.40 and p value = 0.000 ($\alpha < 0.05$). This result indicates that there is a difference of anxiety level in pretest and posttest in control group.

Analysis on the difference of anxiety in control and experimental groups before intervention

Table 4. Analysis on the difference of anxiety in control and experimental groups before intervention

| Group | Mean | Mean Difference | Score p |
|--------------|------|-----------------|---------|
| Control | 1,40 | 0,200 | 0,355 |
| Intervention | 1,20 | | |

Table 4. presents the result of paired t-test statistical test for pretest and posttest in experimental group before intervention. The result of analysis on the respondents' anxiety shows mean score = 1.40 in pretest and 1.20 in posttest. There is no significant difference of anxiety level before intervention in the respondents of experimental group with p value = 0.355 ($\alpha > 0.50$)

Analysis on the difference of anxiety in control and experimental groups after intervention.

Table 5. Analysis on the difference of anxiety in control and experimental groups after intervention

| Group | Mean | Mean Difference | Score p |
|--------------|------|-----------------|---------|
| Control | 1,00 | -0,600 | 0,002 |
| Intervention | 1,60 | | |

Table 5. presents the result of paired t-test statistical test for pretest and posttest in experimental group after intervention. The result of analysis on the respondents' anxiety shows mean score = 1.40 in pretest and 1.60 in posttest. There is no significant difference of anxiety level before intervention in the respondents of experimental group with p value = 0.002 ($\alpha > 0.50$).

Spiritual analysis in intervention group

Table 6. An analysis of spiritual level in pretest and posttest in experimental group

| Group | Mean | Mean Difference | Score p |
|----------|------|-----------------|---------|
| Pretest | 1,40 | 1,400 | 0,000 |
| Posttest | 1,40 | | |

Table 6. presents the result of paired t-test statistical test for pretest and posttest in experimental group. The mean score is 1.40 in pretest and 1.40 in posttest, with p value = 0.000 ($\alpha < 0.05$). It indicates that there is a difference of spirituality level in pretest and posttest in experimental group.

Spiritual analysis in control group

Table 7. An analysis of spiritual level in pretest and posttest in control group.

| Group | Mean | Mean Difference | Score p |
|----------|------|-----------------|---------|
| Pretest | 1,20 | 1,200 | 0,000 |
| Posttest | 1,10 | 1,100 | |

Table 7. presents the result of paired t-test statistical test for pretest and posttest in control group. The mean score is 1.20 in pretest and 1.10 in posttest, with p value = 0.000 ($\alpha < 0.05$). It indicates that there is a difference of spirituality level in pretest and posttest in control group.

Analysis of Spirituality difference in control and experimental groups before intervention

Table 8. Analysis of spirituality difference in control and experimental groups before intervention

| Group | Mean | Mean Difference | Score p |
|--------------|------|-----------------|---------|
| Control | 1,40 | 0,200 | 0,355 |
| Intervention | 1,20 | | |

Tabel 8. presents the result of paired t-test statistical test in pretest and posttest in experimental group before intervention. The result of spirituality analysis on the respondents shows mean scores of 1.40 in pretest and 1.20 in posttest. It means that there is a significance difference of spirituality level in the respondents of experimental group before intervention with p value = 0.355 ($\alpha > 0.50$).

Analysis of Spirituality difference in control and experimental groups after intervention

Table 9. Analysis of spirituality difference in control and experimental groups after intervention

| Group | Mean | Mean Difference | Score p |
|--------------|------|-----------------|---------|
| Control | 1,00 | -0,600 | 0,002 |
| Intervention | 1,60 | | |

Table 9. presents the result of paired t-test statistical test in pretest and posttest in experimental group before intervention. The result of spirituality analysis on the respondents shows mean scores of 1.00 in pretest and 1.60 in posttest. It means that there is a significance difference of spirituality level in the respondents of experimental group before intervention with p value = 0.002 ($\alpha < 0.50$).

DISCUSSIONS

Fetal Wellbeing

Score 6 in both intervention and control group may be caused by the factors affecting the heart dynamic activity. The heart dynamic activity is affected by autonomous nervous system consisting of sympathetic and parasympathetic nervous systems. If the heart oxygen is normal, the variability of fetal heartbeat will be normal. If the nutrition reserve for placenta is sufficient, the acceleration of fetal heartbeat will follow. Fetal heartbeat disorder may occur in the fetus in the form of either tachycardia or bradycardia. Even intrauterine asphyxia and Intra Uterine Fetal Death (IUFD) may occur if the fetus develop fetal emergency.

The increased score in control group, despite no intervention given to the control group, the stimulation given during the interview with pregnant women through touching their womb makes the fetus quieter.

Fetus in the womb may be sad if his mother is sad 22 (Islam, 2006). Therefore, pregnant women should always control their emotion as a pregnant women's mental condition highly affects the fetal development.

Reading murotal/Quran or hearing Quran reading can make body quiet, relaxed and healed from physical grievance in certain period of time because murotal/Quran or hearing its reading can remove or reduce nervous strain spontaneously (Fida', 'Izzat, & 'Arif, 2011). Quran reading

will bring sound wave that will then encourage the brain to produce neuropeptide. Neuropeptide will affect receptor in the body, thereby making body comfortable.

The tranquility felt by pregnant women through Quran reading therapy will be felt by fetus through amniotic fluid covering him. Both maternal physical and mental health will highly contribute to fetal growth and development in the womb because each of hormones produced by mother will be flowed to amniotic fluid through umbilical cord.

Maternal Wellbeing

Anxiety is a stressful mental condition due to what potentially occurs (Wahyunia & Deswita, 2013). Anxiety is concern and fear with unknown cause (Trisetiyaningsih, Wulansari, & Anto, 2018). The result of research shows that there is a difference of anxiety level between pretest and posttest in experimental group and so there is in control group. But, the number of respondents developing anxiety increases, viewed from the mean score of anxiety level increasing in control group. It is because control group does not acquire information directly related to educational material in the womb and does not get intervention using St Belt instrument that can be listened to by mother and fetus everyday.

It can also be seen in the result of variance analysis between control and experimental groups. There is no significant difference of anxiety level before intervention in the respondents of experimental group. But, there is a significant difference of anxiety level after intervention in the respondents of experimental group. It is in line with Yana's study finding that there is a difference of pain between before and after Quran murottal therapy (Yana, Sri Utami, & Safri, 2015).

Intervention given in this research involves providing material related to intrauterine education and providing murotal intervention using a tool called St Belt. St Belt is a tool functioning to provide auditory stimulation, and to help the cognitive development of baby since in the womb containing murotal recording. St Belt consists of two elements: the one that can be listened to by mother and another one that can be listened by fetus. In line with this, some studies reported that listening to Quran verse reading evidently contributes significantly to reducing the strain in reflective nerves, in which the outcome is recorded and measured quantitatively and qualitatively by a computer-based tool (Aini, Wulandari, & Astuti, 2016).

This is in line with a study conducted by Dr. Ahmad Al Qadhi related to the advantage and the effect of listening to Quran verse reading on physiological and psychological perspectives. The four studies conducted show the considerable changes in organ, tissue and cell, as indicated with the reduced depression and sorrow level and tranquility. The successful disease healing rate in those studies reaches 97%. It indicates that listening to Quran verse reading will bring happiness and tranquility and reduce reflective nervous strain and can heal the disease (Agil, Abdullah Charis, & Tree, 2016).

In addition, (Al-Kaheel, 2010) study indicates that Quran verses read with lower tone can reduce anxiety and exert relaxing effect up to 65%. The result of (R. Handayani, Fajarsari, Asih, & Rohmah, 2014) study showed that the Quran verse reading can reduce anxiety in the first stage of active phase in primipara mother. Meanwhile, (S, Nooryanto, & Andarini, 2015) study found that the administration of murotal therapy/Quran verse reading can increase β -Endorphin level and decrease pain intensity. It is in line with

other studies finding the effect of murotal therapy/ Quran verse reading on anxiety level in dealing with labor in the third-trimester mother (Wahyunia & Deswita, 2013).

Quran verse reading contains human voice element that can lower stress hormone and activate endorphin hormone. Thus, it can improve the relaxed feeling, can distract attention from fear, strain, anxiety, and can lower blood pressure as it can repair the body's chemical system (Pratiwi, Hasneli, & Ernawaty, 2015). Murotal therapy/Quran verse reading can improve an individual's quality of awareness of God. Therefore, an individual will be submitted to Allah SWT. In such condition, the brain is on alpha wave, thereby can lower anxiety and remove stress. In quiet condition, brain can think clearly, thereby creating coping and positive expectation (R. Handayani et al., 2014). Another study found that listening to and reading Quran can result in dominant improvement in beta, alpha and theta neural oscillation (Astuti, Suryono, Widyawati, Suwondo, & Mardiyono, 2017). Other studies also found that Quran can reduce anxiety level significantly in pregnant women. Thus, in addition to stimulating fetus, it can give the pregnant women the tranquility by reading themselves or listening to Quran reading through auditory instrument (Hamidiyanti & Pratiwi, 2019). Another study also found listening to murotal (e.g. Surah Ar-Rahman) can reduce pregnant women's anxiety burden in facing laboring process. This treatment also can increase cortisol level and shorten labor duration (Irmawati, Hadju, Syamsuddin, & Arundhana, 2020).

Spiritual analysis in intervention group

Table 7. presents the result of paired t-test statistical test in pretest and posttest in experimental group before intervention. The result of spirituality analysis on the respondents shows mean scores of 1.00 in pretest and 1.60 in posttest. It means that there is a significance difference of spirituality level in the respondents of experimental group before intervention with p value = 0.002 ($\alpha < 0.50$).

Spirituality is the belief in an individual's relation to his God. Spirituality, according to Hanna in Ardian (2016), is a belief to which an individual adhere beyond his self border in higher dimension (with his God). Scholars distinguish the one with good spirituality from the one with good religiosity, meaning that the one having good spirituality unsurely has good spirituality (Amir & Lesmawati, 2016).

The result of research shows that there is a difference of spirituality level for pretest and posttest in experiment group, and so there is in control group. It can be seen from the result of variance analysis between control and experimental groups. There is no difference of spirituality level before intervention in the respondents of experimental group. However, there is a significant difference of spirituality level in the respondents of experimental group after intervention.

For the pregnant women to be able to give stimulation well to the fetus in the womb, they should have good physical, mental, spiritual, and social condition. It can be accomplished through, among others, spiritual wellbeing. Spiritual wellbeing can affect an individual's movement because her peaceful feeling makes her participate actively in religious activities, thereby getting spiritual and physical tranquility and health (Holt-Lunstad et al., 2011). (Maselko et al., 2009) study found that the symptoms of depression can be reduced to 30% by improving spirituality. (Chairunnisa & Fourianalisyawati, 2017) also found that spirituality can give psychological power, thereby reduced depression rate in pregnant women. Spirituality correlates

positively to an individual's psychological wellbeing (F. P. Handayani & Fourianalisyawati, 2018).

(Harahap, 2018) study found that spiritual imbalance in pregnant women results in problematic pregnancy leading to failure to progress or prolonged labor and severe anemia in mother and fetal distress leading to unstable fetal heartbeat. Thus, spirituality is very important to be given to pregnant women as it can reduce anxiety/stress in pregnant women, thereby precluding pregnancy complication from occurring and reducing morbidity and mortality in mother and fetus (F. P. Handayani & Fourianalisyawati, 2018).

CONCLUSION

- a. There is no difference of breath movement, fetal heartbeat, and amniotic fluid volume before and after intervention in experimental group. Eight (8) pregnant women have score 10
- b. There is no difference of breath movement, DJJ, and amniotic fluid volume between before and after intervention in experimental group. There are 8 (eight) pregnant women with score 10, 1 (one) with score 8, and 1 (one) with score 6. In control group, there is a difference of score; in prior examination, 6 (six) pregnant women have score 10, but in the last examination, 7 pregnant women have score 10. Three pregnant women remain to have score 6 in both prior and last examinations.
- c. There is no significant difference of anxiety level before intervention in the respondents in experimental group with p value = 0.002 ($\alpha < 0.50$). There is a significant difference of anxiety level after intervention in the respondents in experimental group with p value = 0.335 ($\alpha > 0.50$).
- d. There is no significant difference of spirituality level before intervention in the respondents of experimental group with p value = 0.355 ($\alpha > 0.50$). There is a significant difference of spirituality level before intervention in the respondents of experimental group with p value = 0.002 ($\alpha < 0.50$).

SUGGESTION

This research can be input for the health office to provide counseling about stimulation of the fetus to pregnant women in the class of pregnant women and set it in a policy so that it can be implemented in Puskesmas and Praktik Mandiri Bidan (PMB) and provide suggestions to the Ministry of Health to include material about stimulation of the fetus in KIA handbook. It is hoped that midwives can provide counseling or counseling about stimulation of the fetus so that mothers are more proficient in stimulation and pregnant women can directly see how to stimulate the fetus appropriately according to gestational age.

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