



The Influence Of Spiritual Cognitive Therapy Murattal Al-Qur'an (Surah Ar-Rahman) On Postpartum Blues In The RSUD Subang

Queen Tahtana ¹, Fitri Handayani ², Novian Mahayu ³

^{1,2,3} Politeknik Negeri Subang, Indonesia

Email : queentahtana260203@gmail.com¹, fitrihandayani3004@gmail.com²,
adiutamanovian@gmail.com³

Abstract Introduction: The incidence of postpartum blues is a change in the mother's psychology which is influenced by fatigue factors that arise after the birth and breastfeeding process. This can influence changes in the routine of caring for the baby which requires extra attention from the mother. Handling postpartum blues can use spiritually based non-pharmacological techniques in the Islamic religion using murattal Al-Qur'an. This study aims to determine the influence of spiritual cognitive therapy murattal Al-Qur'an (Surah Ar-Rahman) on the incidence of postpartum blues in RSUD SUBANG. Methods: This research method is quantitative with a quasi-experimental design with pre and post with control group. The number of respondents in this study was 24 in the intervention group and 24 in the control group. Data collection for this research used the EPDS scale (Edinburgh Postpartum Depression Scale) with data analysis using the Wilcoxon test and the Man-Whitney test. Result: The results of this study showed a difference in the pre-test and post-test of the intervention group with $p = 0.000$. It can be concluded that spiritual cognitive therapy murattal Al-Qur'an (Surah Ar-Rahman) has an influence on the incidence of postpartum blues in RSUD Subang. It is hoped that this research will further investigate more deeply and be able to control confounding variables that might interfere with the influence of the Murattal Al-Qur'an spiritual cognitive therapy (Surah Ar-Rahman) on the incidence of postpartum blues.

Keywords: Postpartum Blues, Non-Pharmacological Therapy, Murattal Al-Qur'an

1. INTRODUCTION

During pregnancy and delivery, a woman will experience many new experiences that give meaning to her life, including physical, mental and spiritual experiences. Every mother-to-be can feel happy and get a positive impact from this experience, but for some mothers, pregnancy and childbirth can be a stressful and stressful experience. (Lutfiani & Kurnia, 2021). Based on data obtained from the Health Service (Dinkes) in 2020, around 70-80% of mothers after giving birth tend to experience unstable moods, which in many cases is considered abnormal. This is often accompanied by feelings of deep sadness and lack of worth, which interfere with daily activities. The impact of stress on the mother after giving birth can cause ongoing depression and stress, possibly even giving rise to the desire to hurt the baby or oneself (Kusuma & Surakarta, 2023).

According to the World Health Organization, the prevalence of postpartum blues is in the range of 3-8% with 50% of this percentage affecting mothers aged 20-50 years. In the Asian region, the incidence of baby blues or postpartum blues varies significantly, with a range between 26-85% (WHO, 2018). In Indonesia in particular, the incidence of postpartum blues reaches around 50-70% of mothers after giving birth (Kemenkes RI, 2023). In the West Java region, the incidence of postpartum blues is recorded to be in the range of 45-65% (Dinkes

Jabar, 2022). Data obtained from the Rumah Sakit Umum Daerah (RSUD) Subang SIM (Management Information System) in December-January 2024 recorded 180 postpartum mothers. On February 1 2023, at the RSUD Subang, a preliminary study was conducted on postpartum mothers by conducting interviews with them, the results showed that of the 7 postpartum mothers, 6 of them said they experienced feelings of anxiety, fatigue, worry about the baby's condition, excessive joy, and rapid changes in feelings.

Although the exact cause of postpartum blues remains uncertain, several factors are thought to play a role, including drastic hormonal changes after giving birth. These changes can affect the chemicals in the brain that regulate mood, causing the mother to feel uncomfortable. On the other hand, the fatigue factor that arises after giving birth and breastfeeding can also influence changes in daily routines because caring for a baby requires extra attention from the mother. Lack of support from husband, family and the surrounding environment can also worsen the mother's condition, especially in facing the psychological adaptation period after giving birth (Purwati & Noviyana, 2020).

Postpartum blues can be treated using pharmacological and non-pharmacological techniques (Yolanda et al., 2022). Pharmacological therapy can use antidepressant drugs which have side effects that cause drowsiness in mothers breastfeeding babies. Non-pharmacological therapy is recommended because it has the advantages of being easier, more economical and having fewer side effects. One of the non-pharmacological therapies needed by the human soul is belief in religion. Religion is seen as a series of life principles that are considered sacred and originate from the highest divine power, which contains various kinds of rules that must be followed and avoided by its adherents. Islam, as a religion, offers teachings that are considered to provide spiritual peace for humans. Islamic cognitive spiritual therapy is a non-pharmacological therapeutic method for systematically curing psychological disorders, which is based on the principles of the Al-Qur'an and As-Sunnah (Rahmah, 2019; Lubis & Ritonga, 2023).

One of the spiritually based non-pharmacological therapies in the Islamic religion that has the most successful advantages is murattal Al-Qur'an. Murattal Al-Quran therapy has the advantage of calming the heart and mind, cheaper costs, and is easier to do (Yolanda et al., 2023; Lubis, 2023). A study conducted by Annisa (2019) explained that listening to murattal with a focus on Surah Ar-Rahman has shown effective results in minimizing and overcoming things that are considered disturbing the peace of pregnant women. Murattal surah Ar-Rahman can be an alternative form of relaxation with quite significant results when compared to other sounds. The combination of audio relaxation and spiritual therapy contained in Surah Ar-

Rahman will have a calming effect on the listener (Berliana Suroso, 2021; Ritonga et al., 2022). Based on the facts that have been described, there is interest from researchers in conducting a study on the influence of spiritual cognitive therapy murattal Al Qur'an (Surah Ar-Rahman) on postpartum blues in the Subang Regency Regional Hospital.

2. METHODS

This study is a quantitative research that uses a Quasy experimental design with pre and post control groups and intervention groups. The number of samples in this study was 48, with 24 intervention groups and 24 control groups. The sampling technique used in this research uses the Accidental Sampling technique. The instrument used in this study used the *Endinburg Postnatal Depression Scale* (EPDS) questionnaire to measure the incidence of postpartum blues. According to (Dina Rizki, 2020) EPDS is a standard tool that has been tested and found to have validity and reliability through previous research. Validation of ten EPDS items in Indonesia has been carried out and the test results show a sensitivity of 87.5% and a specificity of 61.6%. This means that the EPDS has an ability of 87.5% to detect postpartum depression, and an ability of 61.6% to identify that a woman is not experiencing depression. Validation results show that the use of EPDS in Indonesia is a valid and reliable method for screening postpartum depression in women in Indonesia (Ria Marsalena, 2021). SPO spiritual cognitive therapy murattal Al-Qur'an (Surah Ar-Rahman) for therapy against postpartum blues.

3. RESULT AND DISCUSION

Tabel 3.1 Frequency Distribution of Respondent Characteristics Based on Demographic Data of Postpartum Patients at RSUD Subang

Characteristics	Intervention Group		Control Group	
	Frequency (f)	Percentag e (%)	Frequency (f)	Percentag e (%)
Age				
1. <20-30 year	17	70,8%	15	62,5%
2. >30 year	7	29,2%	9	37,5%
Total	24	100	24	100
Education				
1. Low (Elementary/Middle school)	8	33,3%	10	41,7%
2. High (High School-College)	16	66,7%	14	58,3%
Total	24	100	24	100

Characteristics	Intervention Group		Control Group	
	Frequency	Percentag	Frequency	Percentag
	(f)	e (%)	(f)	e (%)
Wages				
1. <minimum wage (UMK)	16	66,7%	18	75%
2. >minimum wage (UMK)	8	33,3%	6	25%
Total	24	100	24	100
Work				
1. Work activities	8	33,3%	9	37,5%
2. Has no work activities	16	66,7%	15	62,6%
Total	24	100	24	100
Pregnancy Status				
1. Unplanned pregnancy	21	87,5%	18	75%
2. Planned pregnancy	3	12,5%	6	25%
Total	24	100	24	100
Types of Childbirth				
1. Normal	9	37,5%	7	29,2%
2. SC	15	62,5%	17	70,8%
Total	24	100	24	100
History of Mental Disorders				
1. Have ever been diagnosed with a mental disorder	0		0	
2. Never diagnosed with a mental disorder	24	100%	24	100%
Total	2	1	2	1
	4	00	4	00

Based on table 3.1, it can be seen that demographic data in the intervention group is based on age characteristics, respondents aged <20-30 years have a percentage value of 70.8%. In demographic data based on their latest education, the majority of respondents had higher education (Senior High School-University) with a score of 66.7%. In the salary category, respondents had salaries <UMK of 66.7%. In the employment category, respondents who do not work are greater than those who work with a value of 66.7%. Meanwhile, in demographic data based on pregnancy status, the planned pregnancy status value is greater, namely 87.5%. The SC type of delivery had a greater percentage, namely 62.5%, and in the intervention group 100% of respondents had no history of mental disorders or offspring diagnosed with mental disorders.

Based on table 3.1, it can be seen that the characteristics of respondents in the control group based on age, the age range of respondents <20-30 years old has a value of 62.5%. Regarding the characteristics of respondents based on their last education, the highest value lies in higher education (SMA-College) with a percentage of 58.3%. In the salary category, respondents with salaries <UMK have a value of 75%. In the employment category, respondents who did not work had a score of 62.6%. In demographic data on pregnancy status, most of the respondents in the control group had planned pregnancy status with a value of 75%, while in terms of type of delivery, SC was more dominant than normal with a value of 70.8%, in the control group 100% of respondents had no history of mental or hereditary disorders diagnosed with a mental disorder.

Tabel 3.2 Postpartum Blues Occurrence Before Performing Spiritual Cognitive Therapy Murattal Al-Qur'an (Surah Ar-Rahman)

Category	Intervention Group		Control Group	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Normal (Skor 0-9)	5	20,8%	8	33,3%
Postpartum Blues (Skor 10-13)	14	58,3%	12	50,0%
Postpartum Depression (Skor >13)	5	20,8%	4	16,7%
Total	24	100%	24	100%

Based on table 3.2, the results show that the incidence of postpartum blues before the Murattal Al-Qu'an (Surah Ar-Rahan) spiritual cognitive therapy in the intervention group was 58.3% (14 people), while in the control group it was 50.0% (12 people).

Table 3.3 Postpartum Blues Occurrence After Cognitive Spiritual Therapy Murattal Al-Qur'an (Surah Ar-Rahman)

Category	Intervention Group		Control Group	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Normal (Skor 0-9)	13	54,2%	4	16,7%
Postpartum Blues (Skor 10-13)	9	37,5%	16	66,7%
Postpartum Depression	2	8,3%	4	16,7%

Category	Intervention Group		Control Group	
	Frequency	Percentage	Frequency	Percentage
	(f)	(%)	(f)	(%)
(Skor >13)				
Total	24	100%	24	100%

Based on table 3.3, it shows that in the intervention group after receiving spiritual cognitive therapy murattal Al-Qur'an (Surah Ar-Rahman) the number of postpartum mothers who experienced postpartum blues was 37.5% (9 people), while in the control group the incidence of postpartum blues has a value of 66.7% (16 people).

Tabel 3.4 Equality Test Between Pre-Intervention and Pre-Control Groups.

Category	Pre Intervention		Pre Control	
	Frequency	Percentage	Frequency	Percentage
	(f)	(%)	(f)	(%)
Normal (Skor 0-9)	5	20,8%	8	33,3%
Pospartum Blues (Skor 10-13)	14	58,3%	12	50,0%
Postpartum Depression (Skor >13)	5	20,8%	4	16,7%
Total	24	100%	24	100%
Man-Whitney Test	0,331			

Table 3.4 shows the results of the equality test between the pre-intervention group and the pre-control group, where the results obtained from the Man-Whitney test were $p = 0.331$, which shows $p > 0.05$, that there is no difference between the pre-intervention and pre-control groups.

Table 3.5 Incidence of Postpartum Blues Before and After the Murattal Al-Qur'an Spiritual Cognitive Therapy (Surah Ar-Rahman) for Postpartum Blues at the RSUD Subang.

Category	Intervention Group				Control Group			
	Pre Test		Post Test		Pre Test		Post Test	
	f	%	f	%	f	%	f	%
Normal (Skor 0-9)	5	20,8	13	54,2	8	33,3	4	16,7
Pospartum Blues (Skor 10-13)	14	58,3	9	37,5	12	50,0	16	66,7

Postpartum Depression) (Skor >13)	5	20,8	2	8,3	4	16,7	4	16,7
Total	24	100	24	100	24	100	24	100
Wilcoxon Test	P = 0,000			P = 0,152				
Man-Whitney Test	0,001							

Information:

f = Frequency

% = Percentage

Based on the results of the Wilcoxon test, it shows that in the intervention group, the value obtained was 0.000, indicating that $p = <0.05$, which indicates that there is an influence of giving murattal Al-Qur'an spiritual cognitive therapy (Surah Ar-Rahman) on postpartum blues. Meanwhile, in the control group, the Wilcoxon test results showed a value of 0.152, indicating that $p > 0.05$, which indicates that there is no influence between the pre-test and post-test in the control group.

Furthermore, the results of the post-test data from the two groups showed differences in results. The Mann-Whitney test was used to assess differences in post-test results between the intervention group and the control group. The results of the Mann-Whitney test showed a value of 0.001, indicating that $p < 0.05$, which indicates that there is a difference in results between the pre-test and post-test data regarding the incidence of postpartum blues in the two groups.

4.DISCUSSION OF RESEARCH RESULTS**4.1 Postpartum Blues Occurrence Before Performing Spiritual Cognitive Therapy Murattal Al-Qur'an (Surah Ar-Rahman)**

The results of the EPDS score on the incidence of postpartum blues before the Murattal Al-Qur'an spiritual cognitive therapy (Surah Ar-Rahman) was carried out in the intervention group were 58.3% (14 people) of mothers who experienced postpartum blues, while in the control group postpartum mothers Those who experienced postpartum blues were 50% (12 people) of the total respondents. The results of this research are supported by research conducted by Purwati and Noviyana in (Fitri, 2022) that the causes of postpartum blues are maternal fatigue, worry about the baby, the presence and support of the husband, as well as comments from people around about the mother. The symptoms that occur when experiencing postpartum blues are crying, irritability, anxiety, insomnia and changes in appetite, and these symptoms persist for 2 weeks (Fitri, 2022).

4.2 Postpartum Blues Occurrence After Cognitive Spiritual Therapy Murattal Al-Qur'an (Surah Ar-Rahman)

The EPDS score results obtained in the intervention group after receiving spiritual cognitive therapy from the Murattal Al-Qur'an (Surah Ar-Rahman), the number of postpartum blues incidents became 37.5% (9 people) and postpartum mothers who had normal EPDS scores were 54.2%. (13 people), while in the control group the incidence of postpartum blues was 66.7% (16 people) and in those with normal EPDS scores it was 16.7% (4 people). These results show that there is a decrease in the incidence of postpartum blues after carrying out spiritual cognitive therapy murattal Al-Qur'an (Surah Ar Rahman).

4.3 The Influence of Murattal Al-Qur'an Spiritual Cognitive Therapy (Surah Ar-Rahman) on Postpartum Blues

In the intervention group, the results of the pre-test EPDS scores of postpartum mothers before the Murattal Al Qur'an spiritual cognitive therapy (Surah Ar-Rahman) showed that 58.3% of postpartum mothers experienced postpartum blues, whereas the post test results after the Murattal Al Al-Qur'an spiritual cognitive therapy were carried out. The Qur'an (Surah Ar-Rahman) shows a decrease to 37.5%. In the control group, the EPDS pre-test score results of postpartum mothers obtained a score of 50%, while the post-test results in the control group, most of the postpartum mothers still experienced postpartum blues with a score of 66.7%.

The results of the Wilcoxon test show that in the intervention group a result of 0.000 was obtained. This result shows that $p = < 0.05$, which means that if the p value = < 0.05 , it shows that there is an influence of spiritual cognitive therapy murattal Al Qur'an (Surah Ar-Rahman) against postpartum blues. Meanwhile, the results of the control group data test using the Wilcoxon test statistic showed that the pre test and post test got a value of 0.152, this shows that $p = > 0.05$ which means that there is no difference between the pre test and post in the control group.

Furthermore, the results of the post test data for the intervention group and the control group showed that there were differences in the results for the two groups. Where the data test used to determine the difference in the post test results of the intervention group and the control group uses the Mann-Whittney test. The results of the Mann-Whittney test show that the post-test value for the intervention group and the control group was 0.001, which means that $p = < 0.05$, which means there is a difference in the results of the pre- and post-test data on the incidence of postpartum blues in the two groups.

In managing postpartum blues, the role of managing thought patterns regarding the events experienced is as the key to changing thought patterns. In line with the opinion of

(Yolanda et al., 2022) this cognitive therapy is connected with Al-Qur'an listening therapy here to reduce stress hormones, stimulate the natural release of endorphins, increase feelings of relaxation, and divert attention from fear, anxiety, and tension. In addition, when listening to the Koran, blood pressure, heart rate, pulse and brain wave activity will decrease, while breathing becomes slower and deeper, which in turn can create a feeling of calm and increase clarity of mind..

In this Al-Qur'an murattal therapy, the main theme is Surah Ar-Rahman, which describes God's blessings, including the Al-Qur'an which is the greatest and most glorious blessing. Tabathaba'i stated that this surah reflects the wonders of Allah's creation, which includes many aspects of heaven and earth, land and sea, as well as humans and jinn. Allah arranges everything in a way that is beneficial for humans and jinn, both for their lives in this mortal world and eternal life in the afterlife (Nur Amalia, 2020). The content of surah Ar Rahman among the wisdom of repeating the verse "Fabiayyi 'ala irabbikuma tukadziban" is that Allah wants jinn and humans to always be grateful for their blessings and not make them kufr as in the parable of the owner of two gardens in the QS. al-Kahf (18): 32- 37. Repetition of verses definitely contains deep meaning because nothing in God's creation is in vain (QS. Ali Imran (3): 91, QS. Sad (38): 27). So to add to the content of Surah Ar-Rahman that in this world the form of sustenance that has been given by Allah Subhanahu Wataala is very abundant, and the creation of everything in this world is not in vain. Likewise, the experience of the process of conceiving and giving birth is a blessing that must be grateful for.

Based on demographic data on pregnancy status, respondents with planned pregnancy status in the intervention group had a score of 87.5%, and those in the control group had a score of 75%. This is in line with research (Devi Endah, 2018) which states that planned pregnancy status will making mothers better prepared to face childbirth and carry out their role as a mother. With readiness, the mother will be more able to accept the baby and the changes in roles that occur to her, apart from that, a planned pregnancy will support support from the family also related to the presence of the baby in the midst of family life.

Murattal Al Qur'an spiritual cognitive therapy (Surah Ar-Rahman) is a combination of the concept of influencing thought patterns which is based on murattal Al-Qur'an, where both combinations are effective in influencing thought patterns and providing a relaxation effect so that it can reducing stress hormones experienced by postpartum mothers. This is in line with research (Fitri, 2022) which suggests that giving AI-Qur'an murottal therapy and dhikr to the incidence of postpartum blues in the Semarang City Health Center work area, obtained a significance value of <0.001 so that the significance value is <0.05 which indicates that Ho

was rejected and H_a was accepted, which means there was an influence from providing Al-Qur'an murottal therapy and dhikr on the incidence of postpartum blues.

From the description above, which is supported by several previous studies, it shows that there is an influence of spiritual cognitive therapy of murattal Al-Qur'an (Surah Ar-Rahman) on postpartum blues after intervention by providing cognitive therapy and listening to murattal Al-Qur'an (Surah The beneficent).

5. CONCLUSIONS

Based on the results and discussion previously explained, the following results were obtained:

1. Before being given spiritual cognitive therapy murattal Al-Qur'an (Surah Ar-Rahman), the incidence of postpartum blues in the intervention group reached 58.3%, while in the control group it reached 50%.
2. After administering spiritual cognitive therapy murattal Al-Qur'an (Surah Ar-Rahman), the incidence of postpartum blues in the intervention group decreased to 37.5%, while in the control group it became 66.7%.
3. From these data, it can be concluded that spiritual cognitive therapy murattal Al-Qur'an (Surah Ar-Rahman) has a significant influence on the incidence of postpartum blues in RSUD Subang.

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