

The Impact of Murottal Qur'an Therapy on Anxiety Levels in Third Trimester Pregnant Women at Simpura Health Center Bandar Lampung

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ABSTRAK

Kecemasan sebelum persalinan merupakan kejadian psikis yang paling sering dialami ibu hamil ketika memasuki dua belas minggu usia kehamilan dan berdampak negatif pada fisik dan psikis ibu serta janin, menjadi perhatian penting dalam periode kehamilan, khususnya pada trimester ketiga menjelang persalinan. Salah satu terapi yang digunakan adalah dengan terapi religi murottal Al Qur'an. Terapi religi murottal Al Qur'an bekerja merangsang otak akan memberikan umpan balik berupa rileksasi atau kenyamanan. Tujuan penelitian mengetahui pengaruh terapi murottal Al-Quran terhadap tingkat kecemasan menghadapi persalinan pada ibu hamil trimester III di Puskesmas Simpura Bandar Lampung. Jenis penelitian kuantitatif dengan metode pre eksperimen dengan rancangan one group pretest – posttest. Populasi adalah ibu hamil trimester III di Puskesmas Simpura Bandar Lampung sebanyak 107 orang, sampel sebanyak 20 orang dengan teknik pengambilan sampel menggunakan purposive sampling. Hasil penelitian terhadap 20 responden diperoleh tingkat kecemasan pada ibu hamil trimester III sebelum dilakukan terapi murottal Al-Qur'an sebagian besar kategori sedang sebesar 90%, sesudah dilakukan terapi murottal Al-Qur'an sebagian besar ringan sebesar 90%, hasil uji wilcoxon didapatkan nilai p value kecemasan ibu hamil sebesar 0,000 (p value < 0,05). Terapi Murottal Al-Qur'an efektif dalam mengurangi tingkat kecemasan pada ibu hamil trimester III di Puskesmas Simpura, Bandar Lampung. Intervensi ini dapat menjadi alternatif terapi non-farmakologis yang mudah diakses, aman, dan selaras dengan nilai-nilai spiritual ibu hamil, sehingga berpotensi meningkatkan kualitas kesehatan mental.

Kata Kunci: Terapi Murottal Al-quran, Kecemasan, Anxiety, Ibu Hamil

ABSTRACT

Prenatal anxiety is the most common psychological event experienced by pregnant women when entering the twelve weeks of pregnancy and has a negative impact on the physical and psychological of the mother and fetus, becoming an important concern during pregnancy, especially in the third trimester approaching labor. One of the therapies used is religious therapy of Al-Qur'an murottal. Religious therapy of Al-Qur'an murottal works by stimulating the brain to provide feedback in the form of relaxation or comfort. The purpose of the study was to determine the effect of Al-Quran murottal therapy on the level of anxiety facing labor in pregnant women in the third trimester at the Simpura Health Center, Bandar Lampung. The type of quantitative research with a pre-experimental method with a one group pretest - posttest design. The population was 107 pregnant women in the third trimester at the Simpura Health Center, Bandar Lampung, with a sample of 20 people using a purposive sampling technique. The results of the study on 20 respondents obtained the level of anxiety in pregnant women in the third trimester before the Al-Qur'an murottal therapy was mostly in the moderate category of 90%, after the Al-Qur'an murottal therapy was mostly mild at 90%, the results of the Wilcoxon test obtained a p value for pregnant women's anxiety of 0.000 (p value < 0.05). Al-Qur'an Murottal Therapy is effective in reducing anxiety levels in pregnant women in the third trimester at the Simpura Health Center, Bandar Lampung. This intervention can be an alternative non-pharmacological therapy that is easily accessible, safe, and in line with the spiritual values of pregnant women, so it has the potential to improve the quality of mental health.

Keywords: Murottal Al-Qur'an, Anxiety, Pregnancy, Al-Qur'an recital

BACKGROUND

Pregnancy is a joyful and meaningful experience for most women, particularly when the pregnancy is desired. However, it is also often accompanied by anxiety and psychological stress, especially in first-time mothers (primigravida). Physiological changes during pregnancy can cause discomfort and trigger emotional responses such as excessive worry, panic, and obsessive thoughts, especially when there is a lack of support from spouses or family members. Anxiety during the third trimester is common, particularly as labor approaches. According to the World Health Organization (2018), approximately 73.02% of pregnant women in their third trimester experience pre-labor anxiety, with Indonesia reporting a high prevalence of 69.89% (Kementerian Kesehatan, 2019) (World Health Organization & Calouste Gulbenkian Foundation, 2014). In Lampung Province, there were 160,016 pregnant women in 2022, with 19,592 of them located in Bandar Lampung alone.

Maternal anxiety can lead to significant physical and psychological effects for both mother and fetus if not properly managed. It can trigger sympathetic nervous system responses, hormone imbalances, and increased stress levels, contributing to complications such as low birth weight (LBW), preterm birth, miscarriage, and poor neonatal outcomes. Hence, addressing anxiety in pregnant women is a public health priority (Meltzer-Brody et al., 2018) (Sawyer et al., 2010). Pharmacological treatments such as anti-anxiety medications are available but are generally avoided during pregnancy due to potential side effects, including dependency and risks to fetal development. As a safer alternative, non-pharmacological interventions such as religious-based therapies are gaining attention. One such method is listening to Qur'anic recitation (murottal), which promotes relaxation through auditory stimulation, affecting neural activity and reducing anxiety levels (Ulaa et al., 2024).

Several studies have explored the impact of murottal therapy on psychological health. Murottal Al-Qur'an therapy influences relaxation by inducing physiological and psychological calmness through listening to the recitation of the Quran. The rhythmic and melodic recitation can promote calming effects, reduce tension, and create a sense of inner peace, even if the listener does not understand the language. This auditory stimulation can lead to bodily changes such as decreased sadness, stabilized emotional states, and lowered anxiety, thereby facilitating relaxation and alleviating pain. The therapy capitalizes on the spiritual and soothing qualities of the Quranic sound to promote mental and physical relaxation in patients (Moulaei et al., 2023).

A study by (Asrul et al., 2023) found that pregnant women who listened to surah Maryam experienced a reduction in anxiety level and better fetal movement patterns. Other study by (Ageng et al., 2021) also showed a significant improvement in anxiety scores among hospitalized pregnant women exposed to daily murottal for one week. Physiologically, EEG studies have demonstrated increased alpha wave activity during murottal listening session which associated with a calm and meditative state (Koenig, 2009).

Despite this, a focused studies on third trimester populations, who face unique psychological stressors is not sufficient. a preliminary survey conducted at Simpung Public

Health Center (Puskesmas Simpura) in Bandar Lampung revealed that murottal therapy has not been implemented. Most pregnant women reported anxiety related to childbirth, pain, and fetal safety, and managed their worries through rest, distraction, or communication with family—though these strategies offered only temporary relief. Based on these findings, this study aims to examine the effect of Qur’anic murottal therapy on anxiety levels in third-trimester pregnant women at Puskesmas Simpura, Bandar Lampung.

METHOD

1. Study Design

This research was conducted at Puskesmas Simpura, located in Bandar Lampung, from May to June 2024. The study used a pre-experimental design with a one-group pretest–posttest approach. This design involved measuring the participants' anxiety levels before and after the intervention without a comparison group. Although this method does not utilize randomization, it is useful for observing the effects of a specific treatment over time within a single group. Participants were first given an explanation of the study's purpose and procedures, followed by the distribution of an informed consent form, which they were asked to sign. Before the intervention, baseline anxiety levels of third-trimester pregnant women were assessed using the Hamilton Anxiety Rating Scale (HARS).

Following the pretest, all participants were added to a dedicated WhatsApp group, where they received a YouTube link to an audio recording of Surah Ar-Rahman. They were instructed to listen to the recitation twice a day (once in the morning and once in the evening) for a continuous period of 14 days. The researcher conducted daily monitoring to ensure participant adherence to the intervention schedule.

2. Population dan Sample

The population in this study consisted of third-trimester pregnant women experiencing anxiety at Puskesmas Simpura, Bandar Lampung. Based on a preliminary survey, 21 pregnant women were identified as experiencing anxiety. Using the Isaac and Michael formula for sample size calculation, the minimum required number of respondents for this study was determined to be 20. The sampling technique used was non-probability sampling with a purposive sampling method. This approach was selected based on specific criteria determined by the researcher, targeting individuals who possess characteristics relevant to the study’s objectives.

The inclusion criteria for participants were: (1) pregnant women in their third trimester, (2) those who agreed to participate in the study, (3) those with measurable levels of anxiety, and (4) those willing to receive the Murottal Al-Qur’an therapy. Meanwhile, the exclusion criteria included: (1) pregnant women with a history of severe psychiatric disorders, (2) those with serious illnesses that could affect the study results, (3) individuals unable or unwilling to participate in the therapy, and (4) pregnant women with multiple pregnancies or pregnancy complications requiring special medical attention.

3. Study Variables

The variables in this study consisted of one independent and one dependent variable. The independent variable was the Murottal Al-Qur’an therapy, specifically the recitation of Surah Ar-Rahman, which was provided to the participants as an audio recording. This

therapy was intended to serve as a spiritual and psychological intervention. The dependent variable was the level of anxiety experienced by third-trimester pregnant women, which was measured using the Hamilton Anxiety Rating Scale (HARS). The study aimed to observe changes in the anxiety levels of the participants before and after the Murottal therapy, thereby evaluating the potential effectiveness of the intervention in reducing maternal anxiety.

4. Operational Definition of Variables

The operational definition of variables in this study includes both independent and dependent variables. The independent variable is the Murottal Al-Qur'an therapy, which refers to the activity of listening to the recitation of Surah Ar-Rahman in a moderate rhythm (not too fast or too slow), recited by Syakir Daulay. Participants were instructed to listen to the Murottal audio for 15 minutes, twice daily, for 14 consecutive days. The presence or absence of this activity was noted as a nominal scale variable.

The dependent variable is the anxiety level in third-trimester pregnant women. Anxiety is defined as a subjective feeling of fear or discomfort without a clear cause, experienced by the mothers during preparation for childbirth. This variable was categorized into levels of anxiety based on the score obtained before and after the intervention, and measured on an ordinal scale..

5. Study Instruments

The instrument used to measure the independent variable (Murottal Al-Qur'an therapy) was an observation checklist to confirm whether participants listened to the audio twice a day as instructed. Compliance was tracked through communication and monitoring via WhatsApp.

To measure the dependent variable (anxiety level), the study utilized the Hamilton Anxiety Rating Scale (HARS), a standardized questionnaire consisting of 14 items covering both psychological and physical symptoms of anxiety. The total score from this questionnaire was used to classify anxiety levels as follows: 0–6 (no anxiety), 7–14 (mild anxiety), 15–27 (moderate anxiety), and >27 (severe anxiety). This provided a reliable and valid method for evaluating the changes in anxiety before and after the intervention.

6. Data Analysis

The data analysis in this study was conducted using non-parametric statistical methods due to the data being not normally distributed, as assessed through normality testing. Therefore, the Wilcoxon Signed-Rank Test was employed to analyze the differences in anxiety levels before and after the Murottal Al-Qur'an therapy. This test is appropriate for comparing two related samples or repeated measurements on a single sample to assess whether their population mean ranks differ. The level of significance was set at $p < 0.05$ to determine whether the intervention had a statistically significant effect on reducing anxiety among third-trimester pregnant women.

7. Research Ethic

This study has received ethical clearance from the Health Research Ethics Committee of Politeknik Kesehatan Kementerian Kesehatan Tanjungkarang, as stated in Ethical Clearance Certificate No. 173/EC/KEP-TJK/VII/2017. The ethical approval ensures that the research was conducted in accordance with established ethical standards, prioritizing the

rights, safety, and well-being of all participants. Prior to participation, informed consent was obtained from each respondent, and confidentiality of personal data was maintained throughout the study.

RESULTS

A. Sample Characteristics

A total of 20 respondents participated in this study, all of whom resided in the working area of Puskesmas Simpur in the year 2024. The age distribution of the respondents showed that the majority were in the 20–35 years age group, comprising 17 individuals (85.0%). In contrast, only 3 respondents (15.0%) were either under 20 years old or over 35 years old. These findings suggest that the sample was predominantly composed of individuals within the productive age range, which may be relevant in interpreting their health behaviors and access to health services.

Table 1. Respondent Characteristics Based on Age

Age	Frequency (n)	Percentage (%)
<20 Years Old or >35 Years Old	3	15,0
20-35 Years Old	17	85,0
Total	20	100,0

Table 2. Respondent Characteristics Based on Education

Education	Frequency (n)	Percentage (%)
Elementary School	1	5,0
High School	16	80,0
University	3	15,0
Total	20	100,0

The educational background of the respondents in this study was dominated by those with a secondary level of education. As shown in Table 2, the majority of pregnant women (80.0%) had completed high school (SMA), while 15.0% had attained higher education (college/university level). Only a small proportion of respondents (5.0%) had completed elementary school. This distribution suggests that most respondents had a moderate level of education, which may influence their ability to access, understand, and respond to health information, including anxiety management interventions during pregnancy.

Table 3. Respondent Characteristics Based on Parity

Parity	Frequency (n)	Percentage (%)
Primigravida	10	50,0
Multigravida	10	50,0
Total	20	100,0

Based on parity, the distribution of respondents in the working area of Puskesmas Simpur in 2024 was evenly split. Of the 20 respondents, 10 individuals (50.0%) were

classified as primigravida, indicating they were experiencing pregnancy for the first time. The remaining 10 respondents (50.0%) were multigravida, having experienced one or more previous pregnancies. This equal distribution between primigravida and multigravida respondents provides a balanced perspective on pregnancy-related experiences and outcomes within the study population.

Table 4. Respondent Characteristics Based on Gestational Age

Gestational Age	Frequency (n)	Percentage (%)
28-33 weeks	15	75,0
34-40 weeks	5	25,0
Total	20	100,0

The gestational age of respondents in the working area of Puskesmas Simpuri in 2024 varied between the third trimester ranges. The majority of respondents, totaling 15 individuals (75.0%), were in the 28–33 weeks gestational age category. Meanwhile, 5 respondents (25.0%) were in the later stage of pregnancy, between 34–40 weeks. These findings indicate that most respondents were in the early to mid-third trimester, which may influence their health needs and prenatal care experiences during the study period.

B. Univariate analysis

1. Anxiety Levels Prior to Murottal Al-Qur'an Therapy

Table 5. Frequency Distribution of Respondents' Pre-Test Anxiety Levels Prior to Murottal Al-Qur'an Therapy

Anxiety Level	Frequency (n)	Percentage (%)
No Anxiety	0	0.0
Mild Anxiety	0	0.0
Moderate Anxiety	18	90.0
Severe Anxiety	2	10.0
Total	20	100.0

Based on Table 5, prior to the implementation of Murottal Al-Qur'an therapy, the majority of third-trimester pregnant women reported experiencing moderate levels of anxiety, accounting for 90.0% of the total respondents. Additionally, 10.0% of the participants were identified as experiencing severe anxiety. Notably, there were no respondents who reported having mild anxiety or no anxiety at all. These findings clearly illustrate that every individual included in the study exhibited a measurable degree of anxiety prior to receiving the therapeutic intervention. This baseline level of anxiety across all participants emphasizes the relevance and urgency of exploring effective, non-pharmacological interventions—such as Murottal Al-Qur'an therapy—for anxiety

reduction in pregnant women. The data also provide a solid foundation for comparing the impact of the therapy on anxiety levels in the post-intervention phase.

2. Anxiety Outcomes After Murottal Al-Qur'an Therapy

Table 6. Frequency Distribution of Respondents' Post-Test Anxiety Outcomes After Murottal Al-Qur'an Therapy

Anxiety Level	Frequency (n)	Percentage (%)
No Anxiety	0	0,0
Mild Anxiety	18	90,0
Moderate Anxiety	2	10,0
Severe Anxiety	0	0,0
Total	20	100

Based on Table 8, after undergoing Murottal Al-Qur'an therapy, a significant reduction in anxiety levels was observed among the respondents. The majority of pregnant women (90.0%) reported experiencing only mild anxiety, while 10.0% continued to experience moderate anxiety. Importantly, none of the participants reported severe anxiety, and no respondents fell into the category of having no anxiety. This shift from predominantly moderate and severe anxiety levels to primarily mild anxiety demonstrates the potential effectiveness of Murottal Al-Qur'an therapy as a non-pharmacological intervention for reducing anxiety in pregnant women. The findings suggest that the consistent practice of listening to the recitation of Surah Ar-Rahman may have a calming and therapeutic impact, contributing to improved emotional well-being during pregnancy.

C. The result of bivariate analysis

Table 7 presents the results of the Wilcoxon signed-rank test used to evaluate the effect of Murottal Al-Qur'an therapy on anxiety levels among third-trimester pregnant women at Puskesmas Simpur, Bandar Lampung, in 2024. The findings provide compelling evidence of a significant reduction in anxiety following the intervention. Prior to the implementation of the Murottal therapy, 90.0% (n=18) of respondents were identified as experiencing moderate anxiety, while the remaining 10.0% (n=2) exhibited severe anxiety levels. Notably, no participants fell within the categories of mild anxiety or no anxiety, underscoring a considerable baseline level of psychological distress in this population.

Table 7. Wilcoxon Test Results for Murottal Al-Qur'an Therapy on Anxiety Level

Anxiety Level	Before		After	
	F	(%)	F	(%)
No Anxiety	0	0,0	0	0,0
Mild Anxiety	0	0,0	18	90,0
Moderate Anxiety	18	90,0	2	10,0

Severe Anxiety	2	10,0	0	0,0
Z	4,472			
p value	0,000			

Following a 14-day intervention involving twice-daily listening sessions of Surah Ar-Rahman recited in tartil (measured rhythm) style by Syakir Daulay, the distribution of anxiety levels shifted markedly. Post-intervention, 90.0% (n=18) of participants were classified as having mild anxiety, and only 10.0% (n=2) remained in the moderate anxiety category. Importantly, no respondents reported severe anxiety after the therapy, and none achieved the status of no anxiety. This substantial change reflects an observable trend toward psychological improvement after the structured religious auditory intervention.

The Wilcoxon signed-rank test, a non-parametric statistical method appropriate for paired sample data that are not normally distributed, was employed to determine the significance of the difference in anxiety scores before and after the intervention. The test yielded a Z value of 4.472 with a corresponding p-value of 0.000 ($p < 0.05$), indicating that the reduction in anxiety levels was statistically significant. These findings validate the hypothesis that Murottal Al-Qur'an therapy can serve as an effective non-pharmacological modality in addressing maternal anxiety during pregnancy.

From an academic and clinical perspective, the results of this analysis are particularly valuable. Anxiety during pregnancy is known to have adverse implications for both maternal and fetal well-being, potentially contributing to poor obstetric outcomes and long-term developmental challenges in offspring. Therefore, interventions that are safe, accessible, culturally appropriate, and effective such as Murottal Al-Qur'an therapy hold considerable promise in prenatal care settings. The significance of the findings also lies in the feasibility of implementing such interventions at the community health center level (Puskesmas), where resources are often limited, and culturally sensitive approaches are crucial for patient engagement and compliance.

Furthermore, the religious and spiritual dimensions of health are increasingly being recognized as integral components of holistic care, particularly in populations where faith-based practices are deeply rooted in daily life. Murottal therapy, as demonstrated in this study, not only contributes to psychological well-being but also respects the cultural and spiritual values of the community, thereby enhancing its acceptability and sustainability as a mental health intervention. Continued research with larger samples and extended follow-up periods is recommended to further validate these findings and explore the long-term impact of such therapy on maternal mental health outcomes.

DISCUSSION

This study aimed to evaluate the effectiveness of Murottal Al-Qur'an therapy in reducing anxiety levels among third-trimester pregnant women in the working area of Puskesmas Simpur, Bandar Lampung. The results demonstrated a significant decrease in maternal anxiety levels following a structured 14-day intervention involving listening to recitations of Surah Ar-Rahman. The data revealed a statistically significant reduction in anxiety scores as measured by the Hamilton Anxiety Rating Scale (HARS), with a p-value of

0.000 obtained through the Wilcoxon signed-rank test. This suggests that Murottal therapy, a non-pharmacological and culturally appropriate spiritual intervention, can be effective in managing psychological distress during pregnancy.

The findings are in line with prior research indicating that spiritual or religious-based interventions can serve as valuable tools in promoting mental health, especially among populations that place high value on religious practices. Listening to the recitation of the Qur'an, particularly with a tartil rhythm, is believed to have a calming effect on the nervous system. The rhythmic and melodic aspects of the recitation may stimulate parasympathetic nervous activity, promote relaxation, and reduce sympathetic arousal associated with anxiety. Additionally, the meaningful and spiritually uplifting content of Surah Ar-Rahman, which emphasizes the mercy and blessings of Allah, may provide emotional comfort and reassurance, particularly for pregnant women who may be experiencing concerns about labor, delivery, and fetal outcomes (Purnawan et al., 2023).

The physiological process through which Murottal Al-Qur'an therapy promotes relaxation involves the stimulation of brain wave activity, specifically alpha waves, which are associated with a state of relaxed alertness (Muhammad et al., 2022; Saputro et al., 2025). Listening to the rhythmic and steady recitation of the Quran can activate these alpha waves, leading to the release of endorphins natural pain-relieving and mood-enhancing chemicals in the brain. This increase in endorphins elevates the stress threshold, reduces negative emotions, and induces a calming sensation. The rhythmic low tones and steady recitation of Surah Al-Rahman help create a relaxing auditory environment, which further promotes physiological relaxation by slowing heart rate, decreasing blood pressure, and reducing respiratory rate. Additionally, the calming effect of Murottal can modulate the autonomic nervous system, specifically enhancing parasympathetic activity ("rest and digest" response), which reduces stress responses and muscle tension, contributing further to relaxation and pain reduction. Overall, this process reflects a complex interaction between auditory stimuli, brain wave activity, hormonal responses, and autonomic nervous system regulation (Saleem & Saleem, 2023).

Prior to the intervention, the anxiety levels of the respondents were concerning: 90% of the participants reported moderate anxiety and 10% reported severe anxiety. None were categorized as having mild or no anxiety. This high prevalence of anxiety may be attributed to several psychosocial stressors common in the third trimester, including fears about childbirth, potential complications, body image concerns, and worries about newborn care. These results emphasize the importance of screening and managing anxiety during pregnancy, especially in the final trimester when psychological well-being is closely linked with both maternal and neonatal outcomes.

After the 14-day Murottal therapy, a dramatic shift in anxiety distribution was observed. A total of 90% of respondents shifted into the mild anxiety category, and 10% remained in the moderate category. Notably, no participants were categorized with severe anxiety after the therapy, and although no respondents were completely free of anxiety, the overall trend demonstrated a substantial alleviation in anxiety severity. This supports the hypothesis that consistent engagement with Murottal therapy can facilitate emotional regulation and mental calmness.

These findings are also consistent with a growing body of literature highlighting the physiological and psychological benefits of Qur'anic recitation. Studies have shown that listening to Murottal Al-Qur'an can lower cortisol levels, stabilize heart rate, and improve emotional well-being. A study by (Barus & aminah, 2024) found similar results, wherein pregnant women who received Murottal therapy experienced significantly lower levels of stress and anxiety compared to those who did not. Furthermore, religious therapies are known to enhance coping mechanisms by fostering a sense of spiritual connectedness and reducing feelings of helplessness or fear (Hamdani et al., 2023; Purnawan et al., 2023).

The choice of Surah Ar-Rahman was particularly strategic. This chapter of the Qur'an contains repeated affirmations of divine mercy, which may evoke feelings of gratitude, hope, and security. The recitation by Syakir Daulay, known for its clarity and serenity, likely enhanced the emotional receptiveness and cognitive processing of the message. The frequency and duration of the therapy twice daily for 15 minutes also appeared to be sufficient in providing a therapeutic effect without causing fatigue or non-compliance (Azis et al., 2015).

From a clinical perspective, the integration of Murottal Al-Qur'an therapy into maternal health services, especially at the community health center (Puskesmas) level, represents a low-cost, culturally sensitive, and non-invasive method for improving maternal mental health. Given that pharmacological interventions for anxiety may not be suitable or preferred during pregnancy due to potential risks to the fetus, non-pharmacological options such as Murottal therapy are not only safer but also more acceptable to many women in Muslim-majority settings (Hidayah et al., 2021).

However, this study also acknowledges several limitations. The sample size was relatively small, consisting of only 20 participants, which may affect the generalizability of the findings. The use of purposive sampling also introduces the possibility of selection bias. In addition, anxiety was measured through a self-reported instrument (HARS), which, while widely validated, may be subject to response bias. Future studies with larger and more diverse populations, as well as randomized controlled trials, are recommended to further validate these findings and explore the long-term psychological effects of Murottal therapy.

In conclusion, this study adds to the existing evidence supporting the effectiveness of faith-based interventions in managing maternal mental health. Murottal Al-Qur'an therapy appears to be a promising complementary approach to reduce anxiety in pregnant women, especially during the vulnerable third trimester. Health practitioners, especially midwives and community health workers, are encouraged to consider incorporating such culturally embedded spiritual interventions into prenatal care programs to enhance holistic well-being and pregnancy outcomes.

AUTHOR CONTRIBUTION

All four authors contributed to this study. Author 1 was responsible for developing the study design, coordinating data collection in the field, and writing the manuscript draft. Author 2 assisted in constructing the research instruments, conducted data analysis, and contributed to interpreting the findings. Author 3 carried out the literature review and provided input for the background and discussion sections. Author 4 ensured the study met

ethical standards, critically reviewed the manuscript content, and helped in refining the final version. All authors read and approved the final manuscript.

CONFLICT OF INTEREST

The authors declare that the study was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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