



DHIKR RELAXATION TO IMPROVE MOTHER'S READINESS DEALING WITH LABOR AND PREVENTING CHILDBIRTH COMPLICATIONS

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ABSTRACT

Objective: The development of pregnancy until before delivery causes anxiety in the majority of pregnant women. Anxiety increases the risk of miscarriage, premature birth and can continue to the mother's unpreparedness for childbirth, as well as childbirth complications that are at risk of death. The maternal mortality rate in Indonesia is relatively high, and has not yet met the 3rd SDGs target. Appropriate care is needed to help provide psychological calm for pregnant women, namely dhikr relaxation, which combines relaxation response techniques with individual belief systems. Relaxation techniques combine relaxation of muscles, breath, and mind with a spiritual approach according to the patient's beliefs. The purpose of the study was to determine the effect of dhikr relaxation techniques in increasing maternal readiness for childbirth and preventing complications during childbirth. **Material and methods:** The research design was a One-Group Pretest-Posttest Design, using one group of dhikr relaxation treatment. The subjects of the study were pregnant women in the third trimester, 28-34 weeks of gestation, a total of 20 pregnant women. **The results** were tested with the assumptions of Saphiro-Wilk and Kolmogorov-Smirnov. The results of the non-parametric Wilcoxon test obtained a z-count value of -2.025 with a significance of 0.043 <0.050 on the variable of maternal readiness to face labor and a z-value of -2.174 with a significance of 0.030 <0.050 on the variable of labor complications. **Conclusions:** It was concluded that the relaxation of dhikr can increase the mother's readiness to face childbirth and reduce the risk of childbirth complications.

Keywords: dhikr relaxation, pregnancy, readiness, labor complications.

1. INTRODUCTION

The midwife's professional philosophy states that pregnancy and childbirth are normal and natural processes. Although the mother experienced extraordinary changes both physically and psychologically. Pregnant women who experience the development of pregnancy until delivery feel physical changes, which directly affect their psychological changes and cause anxiety. Anxiety during pregnancy will affect the physical and psychological well-being of the mother and fetus, for example resulting in physical disability and a decline in the potential for intelligence and mental emotional aspects. Mother's feelings of anxiety when thinking about the process of giving birth and the condition of

the baby to be born are common for most pregnant women (1).

Pregnant women who experience anxiety, if not treated seriously will have an impact and influence on the physical and psychological, both for the mother and the fetus, because it will affect the hypothalamus to stimulate the endocrine glands that regulate the pituitary gland. This reaction causes an increase in the production of stress hormones. Pregnant women who experience high levels of anxiety can increase the risk of giving birth to premature babies and even miscarriages, and can continue to be unprepared for mothers to face childbirth and childbirth complications. Meanwhile, childbirth complications can increase the risk of maternal death (1)(2).



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The maternal mortality rate is one of the three targets of the Sustainable Development Goals (SDGs), which is to ensure a healthy life and promote well-being for all people of all age groups. According to Indonesia's health profile In 2015 the Maternal Mortality Rate in Indonesia was 305/100,000 live births (Survey Results Intercensus Population). Efforts should be made to help pregnant women be better prepared for childbirth and to prevent the risk of childbirth complications, namely by relaxing dhikr (4).

Dhikr relaxation is a combination of relaxation response techniques with individual belief systems or what is also known as the faith factor. This concept is a unity that contains two spiritual things, namely meditation and a religious belief or philosophy that is firmly held. The relaxation response that involves the beliefs held will accelerate the occurrence of a relaxed state. In other words, the combination of the relaxation response that involves belief will multiply the benefits derived from the relaxation response. This technique is safe to do because it does not use drugs and tools, and there is minimal risk to the mother and fetus (5).

The purpose of this study was to determine the effectiveness of the dhikr relaxation technique in increasing maternal readiness for childbirth and preventing complications during childbirth. This research is important because it helps the government in efforts to reduce maternal mortality, with treatment without side effects and risks.

2. MATERIAL AND METHODS

The research method used is Pre-Experimental Design. Research design with One-Group Pretest-Posttest Design.

2.1. Sampel

The subjects of this study were pregnant women in the third trimester with a gestational age

between 27-36 weeks, a total of 20 pregnant women. The study was conducted in the class of pregnant women at PMB Wulan Kartosuro and PMB Subiyati Gemolong, Central Java, Indonesia

2.2. *Administrasi of relaxation dhikr*

Research subjects were trained on how to do Dhikr relaxation. Then pregnant women do dhikr relaxation exercises independently at home for at least 1 week or until delivery. Mother was given a video recording to be used as a tool for relaxation dhikr.

2.3. *Measurement of the mother's readiness to face childbirth*

The instrument used to measure the mother's readiness to face childbirth is a questionnaire adopted from a published journal. The validity and reliability tests for this instrument have been carried out by previous researchers, namely Putranti (6). The validity test carried out was the item validity test and it was found that 18 statements were valid. While the reliability test using Cronbach's alpha on the instrument of readiness to face childbirth, the results of r count (0.805) > 0.600, so that the instrument is declared reliable.

2.4. *Measurement of risk of complications during childbirth*

The instrument used to assess whether there were labor complications in the respondent was a checklist sheet. Delivery data is known by observing Maternal and Child Health (KIA) books.

2.5. *Ethics*

This research has passed the research ethics test from the institutional ethics committee of Aisyiyah University Surakarta, Central Java, Indonesia. Research Ethics Committee Universitas Aisyiyah Surakarta No. 014/IV/AUEC/2022.

2.6. *Statistical analysis*

Data were presented in terms of mean standard deviation and analyzed by Wilcoxon test. Statistical analysis using the SPSS for Windows version 14.0 statistical package. The p value < 0.05 was statistically significant.

3. RESULTS

3.1. *Characteristics of respondent's age*

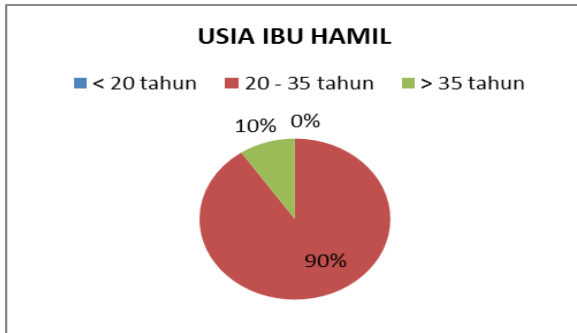
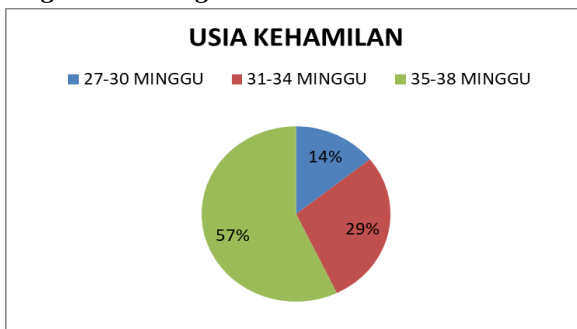


Figure 1. Frequency distribution of respondent's age based on mother's age

3.2. Characteristics of the respondent's gestational age



3.4. Preparedness of pregnant women in the face of childbirth

Table 1. Frequency distribution of respondents based on readiness to face childbirth

| Mom's Prep | Pre test | | Post test | |
|--------------------------|----------|---------|-----------|---------|
| | Freq | Percent | Freq | Percent |
| Good (score 55-72) | 8 | 40 | 13 | 65 |
| Enough (score 37-54) | 9 | 45 | 7 | 35 |
| Not enough (score 18-36) | 3 | 15 | | |

The normality assumption test was carried out using the Saphiro-Wilk test. Meanwhile, the assumption of homogeneity of variance was tested using the Kolmogorov-Smirnov test. Furthermore, to determine the effectiveness of dhikr relaxation in increasing mother's readiness to face childbirth using a non-parametric test, namely Wilcoxon. The results of the Wilcoxon test showed a z-count value of -2.025 with a significance of 0.043 < 0.050, so it can be said to be of significant significance, that is, there is a significant difference between the results of pre- and post-treatment readiness scores. With an

Figure 2. Frequency distribution of respondents by gestational age

3.3. Characteristics of the number of respondents parity

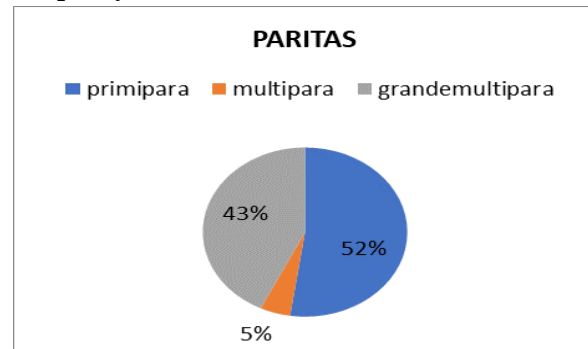


Figure 3. Frequency distribution of respondents based on parity

average pretest of 51.43 and post-test of 56.30, it can be said that the category of the group treated was better than the untreated group.

3.5. Respondent's type of delivery

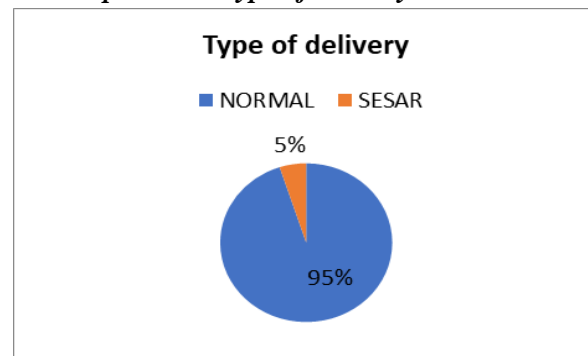


Figure 4. Frequency distribution of respondents based on type of delivery

Based on the observation data, 95% of deliveries were normal, and 5% of deliveries were by cesarean section. So it was concluded that the majority of mothers gave birth normally. Relaxation of dhikr can reduce the risk of childbirth with medical measures.



3.6. Respondent's risk of complications

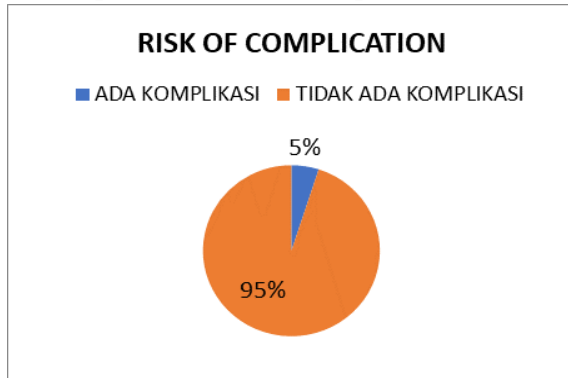


Figure 5. Frequency distribution of respondents based on risk of complication

Based on the results of observational data, it was found that 95% had uncomplicated deliveries, and 5% had labor complications. So it was concluded that the majority of mothers did not experience the risk of childbirth complications. Relaxation of dhikr can reduce the risk of childbirth complications.

4. DISCUSSION

The results of this study are supported by several studies that explain maternal anxiety has a significant impact on infant birth weight. Prenatal stress can lead to low birth weight for gestational age, early delivery, hypertension, and changes in physical outcomes such as an increased risk of asthma

Dhikr is remembering the favors of God. Furthermore, dhikr includes the notion of mentioning dhikr pronunciations and remembering Allah at all times, fearing and hoping only for God, feeling confident that humans are always under the will of Allah in all matters and their affairs (7). The dhikr procedure goes through the following stages: ablution, looking for a calm atmosphere and sitting relaxed, doing deep breathing techniques, stretching muscles, then saying a few sentences of dhikr both orally and qolbu (inside the heart) and ending with the reading of Alhamdulillah. In carrying out the relaxation of dhikr, it can actually be carried out at any time and there is no time limit. According to research conducted by Retnowati (8) the implementation of relaxation dhikr to reduce patient anxiety is carried out for 25 minutes with dhikr "subhanalloh" (7).

The third trimester of pregnancy or when you are already in preparation for birth, this period is

full of anticipation but also vigilance. A mother will definitely feel anxiety such as pain or a sense of losing control when giving birth, or worrying about the condition of the baby to be born (9). Before the birth, a mother will feel psychological changes such as a sense of dependence on others and confusion with the transition of her role in the family. In addition, in the period leading up to the birth of a mother, she will feel herself worse and more introverted (9). There are several efforts that can be used to overcome maternal anxiety before giving birth, including increasing knowledge in pregnancy and childbirth, providing psychological support and carrying out psychological treatment (10). One of the preventive treatments carried out in this study, namely relaxation of dhikr, is proven to be able to provide readiness for mothers before giving birth and prevent complications in childbirth.

Based on the results of the Wilcoxon test, the value of z count is -2.174 with a significance of $0.030 < 0.050$, so the results of the analysis can be said to be significant. There was a significant difference between the pre and post groups. With an average pretest of 48.81 and post-test of 56.38, it can be said that the group category that was given the treatment in the form of dhikr relaxation had better conditions than those who were not given the intervention.

The combination of relaxation and dhikr intervention is an alternative therapy that has proven to be effective based on the data analysis conducted in this study. Dhikr relaxation is a combination of relaxation response techniques with individual belief systems or what is also known as the faith factor. This concept is a unity that contains two spiritual things, namely meditation and a religious belief or philosophy that is firmly held. The relaxation response that involves the beliefs held will accelerate the occurrence of a relaxed state. In other words, the combination of the relaxation response involving belief will multiply the benefits derived from the relaxation response (5). Several previous studies also showed the same results as this study, namely the effectiveness of dhikr relaxation in dealing with various psychological disorders and reducing symptoms of physical illness (11), (12), (13), (14).

In relation to the conditions of pregnancy and childbirth, relaxation has also been shown to reduce anxiety in women who are pregnant and close to giving birth. As in research Oktaviani &



Angraini (15) which show that relaxation can reduce anxiety in pregnant women who have a high risk, relaxation can also reduce pain during labor (16). Religious therapy has also proven effective in dealing with various psychological disorders in pregnant women, one of which is dhikr. Dhikr will affect a person's psychological condition such as always feeling close to Allah SWT, being in His care and protection, so that later it will generate confidence, strength, feelings of security, peace and happiness (17). This is certainly in accordance with the condition of pregnant women giving birth who need calm and reduce anxiety. Based on previous research, dhikr has been shown to reduce anxiety in pregnant women (18), (19), (20). In addition, dhikr is also effective in reducing pain in childbirth (21).

5. CONCLUSION

Relaxation of dhikr can increase the mother's readiness to face childbirth and reduce the risk of complications during childbirth.

6. STATEMENT OF CONFLICT OF INTEREST

The author declares that there is no conflict of interest in the research or publication of this article.

7. AUTHORS' CONTRIBUTIONS

The title "AUTHORS' CONTRIBUTIONS" should be in all caps.

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