



Investigating Husband's Support and Murrotal Therapy Effects on Maternal Anxiety in Childbirth

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<p>Track Record Article</p> <p>Accepted: 30 December 2023 Revised: 21 February 2024 Published: 29 February 2024</p> <p>How to cite : Wahyuni, S., & Suharti, N. (2024). Investigating Husband's Support and Murrotal Therapy Effects on Maternal Anxiety in Childbirth. <i>Contagion : Scientific Periodical of Public Health and Coastal Health</i>, 6(1), 35–47.</p>	<p style="text-align: center;">Abstract</p> <p><i>First-time mothers may find childbirth difficult; they frequently feel intense anxiety, stress, and terror as the due date draws near, particularly in the third trimester of pregnancy when there is a higher chance of an early birth. The aim of the research was to ascertain the impact of Murrotal therapy and husband support on the anxiety levels of expectant mothers during labor at Badrul Aini Mother and Child Hospital. This study uses a cross-sectional research approach and is quantitatively analytical. In August 2023, the study was carried out at the Badrul Aini Mother and Child Hospital. All of the pregnant patients in this study came to the Badrul Aini Mother and Child Hospital to give birth. The sampling technique was random, so the research sample was obtained from as many as 50 pregnant women. Data collection techniques in this study used questionnaires and observation techniques. Data analysis used correlation and multiple linear regression tests with SPSS software processing. The results showed that husband support (p-value = 0.006) and murrotal therapy significantly reduced the anxiety level of pregnant women (p-value = 0.001). However, the hypothesis that Murrotal therapy moderates the effect of husband support on anxiety levels was not supported. The importance of the husband's role in providing emotional and psychological support during labor and confirming the effectiveness of Murrotal therapy in managing maternal anxiety. Healthcare providers should consider involving husbands in prenatal care and labour, and Murrotal therapy can be a valuable tool in managing pregnant women's anxiety.</i></p> <p>Keywords: <i>Childbirth, Husband's Support, Murrotal, Therapy, Pregnant mother's anxiety</i></p>
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INTRODUCTION

Childbirth is a natural process in which a fetus or unborn baby that has reached full term or can survive outside the womb is delivered through the birth canal. This process may involve assistance from close individuals or be carried out by the mother's strength (Baransel et al., 2022). Childbirth is a challenging moment for a mother, especially if it is her first pregnancy or childbirth, as feelings of anxiety, panic, and fear can affect the childbirth process (Stepowicz et al., 2020).

Anxiety often arises in the third trimester of pregnancy, especially as the time of delivery approaches. The risk of premature birth also increases during this period, which can elevate the level of anxiety in first-time pregnant mothers (Palalioglu et al., 2022). Anxiety is an emotional state that often creates feelings of uncertainty and helplessness (Khadijah et al., 2021). It involves feelings of restlessness and worry that do not always have a specific or measurable object (Moudi et al., 2020). What distinguishes anxiety from fear is that anxiety is an emotional response to an individual's subjective assessment of uncertain situations or

feelings (Durmuş et al., 2022). The level of anxiety can vary from mild, where everyday concerns can motivate individuals, to severe, where individuals experience overwhelming fear and may lose control of themselves (Ekrami et al., 2019).

Anxiety levels can be categorized into four categories: mild, moderate, severe, and panic. Mild anxiety is often associated with tension in everyday life, which can enhance attention and creativity. Moderate anxiety allows individuals to focus on important matters. In contrast, severe anxiety can narrow the perception field and make it difficult for individuals to shift their focus from one thing to another. Panic anxiety is the most severe level, where individuals may experience terror and lose self-control. A deep understanding of the various levels of anxiety and how to deal with them is key to helping individuals manage and overcome their emotional challenges (Palalioglu et al., 2022).

Pregnant women feel excited and curious about the changes in their bodies and the development of the fetus (Ekrami et al., 2019). However, anxiety can also arise, especially due to the hormonal changes that occur during pregnancy. This can result in feelings of anxiety and concern in expectant mothers. Some may be afraid of the pain and physical risks associated with childbirth (Setiawati et al., 2022).

According to data from the Indonesian Ministry of Health in 2022, the number of women who die during or after pregnancy and childbirth is quite high. The World Health Organization also reports that mental health issues, particularly depression, affect 10% of expectant mothers and 13% of women who give birth. Pregnant women in impoverished nations like Indonesia are more likely than those in affluent nations to experience mental health issues (Janik et al., 2021).

Support from the immediate environment, especially a companion during childbirth, can influence the level of anxiety (Stepowicz et al., 2020). This companion can come from the closest family, such as the husband, mother, mother-in-law, siblings, or the mother's female friends. This companion's presence can positively impact the childbirth process, including reducing morbidity, decreasing pain, shortening the duration of labour, and reducing the likelihood of cesarean section.

The presence and support of the family, especially the husband, during childbirth are highly valuable (Moudi et al., 2020). Husbands can assist mothers with breathing techniques, comfort, and alleviate loneliness (Durmuş et al., 2022). The husband's support can also influence the mother's emotional state during childbirth. A stable emotional state in the mother can affect uterine contractions, ultimately aiding the birthing process.

Support in this context refers to the beneficial relationship between individuals and others that can be relied upon, providing feelings of being loved, valued, and receiving attention (Tafsir Hasan et al., 2021). Family support is the interaction between the family and the social environment that enhances family health and adaptation. The husband's support, in this case, is defined as verbal and non-verbal communication, advice, or physical assistance given by the husband to the pregnant mother in her social environment (Campos-Garzón et al., 2021). This support involves various components, such as hope support involving expressions of positive assessment, instrumental support involving financial and material assistance, informational support involving advice and practical information, and emotional support involving affection, sympathy, and empathy (Hamidiyanti et al., 2019; Indrawati et al., 2022; Risnah et al., 2023; Suryani et al., 2023). The husband's support can help the wife cope with the anxiety she experiences, manage stressors, and strengthen her adaptation during pregnancy and childbirth. Husbands play a significant role as a source of support for their wives in facing various challenges during pregnancy and childbirth (Salafas et al., 2020; Subhi et al., 2023; Tonasih et al., 2023).

In addition to the husband's support, Moruttal Quran therapy can also help mothers feel calmer when facing childbirth (Ikhlasiah et al., 2022; Islami et al., 2022; Meiranny et al., 2019). Listening to the holy verses of the Quran is a non-pharmacological method that can reduce depression and sadness and provide peace of mind (Amdadi et al., 2023; Ikhlasiah et al., 2022; Islami et al., 2022; Meiranny et al., 2019; Nugraeny, 2019; Refti et al., 2023). Studies also show that listening to Quranic verses can significantly reduce reflective nervous tension.

Moruttal therapy involves the use of recorded Quranic recitations by a Quranic reciter for religious purposes (Rassool, 2020). In this context, Moruttal is the preservation of the Quran by recording Quranic recitations while adhering to the rules of pronunciation, the exit of letters, and stops (waqaf-waqaf). The benefits of Moruttal include reducing anxiety, decreasing violent behaviour, diverting pain, improving quality of life, and being effective in the cognitive development of autistic children (Amdadi et al., 2023; Kurnanto et al., 2023; Refti et al., 2023). Moruttal therapy provides positive stimulation, such as increased self-confidence, optimism, tranquillity, and positive emotions, which affect the nervous system and the balance of neurotransmitters in the body. It can also enhance the body's resistance to illness (Nurhayati et al., 2022).

The presence of a husband and Moruttal Quran therapy plays an important role in reducing the anxiety of pregnant mothers before childbirth (Khadijah et al., 2021; Moudi et al.,

2020). Therefore, further research is needed to analyze how the husband's support moderates the effects of Moruttal therapy as a mediator in addressing the anxiety of pregnant mothers.

METHODS

This study used a quantitative approach with a cross-sectional research design. The purpose of this study was to determine the relationship between husband support and murrotal therapy with the level of Anxiety Facing Childbirth. The research was conducted at Badrul Aini Hospital Medan, which was chosen because no similar research has been conducted at that location. The study took place from July to December 2022.

The study population consisted of all pregnant women who came to give birth at Badrul Aini Hospital Medan. The sampling technique used random sampling, so a research sample of 50 pregnant women was selected.

The degree of anxiety mothers experience before going into labor is the dependent variable in this study, whereas husband support and murrotal therapy are the independent variables. Methods of gathering data that involve the use of surveys and observation. The questionnaire was used with a Likert scale to measure respondents' perceptions of husband support and murrotal therapy. Husband Support was measured by 16 statements, Murrotal Therapy by 13, and Anxiety Level Facing Labor by 12.

Data analysis using bivariate analysis with correlation test and multivariate analysis with multiple linear regression statistical tests, using IBM SPSS software version 20.0 for windows 16.0.

RESULTS

Husband support and murotal therapy on the anxiety level of pregnant women can be initiated by using crosstabs analysis.

Table 1. Husband Support and Murotal Therapy on Anxiety Level of Pregnant Women

Variables	The anxiety level of pregnant women				Total	
	Anxious		Calm		n	%
	n	%	n	%		
Husband support						
Less alert	4	66.7	12	27.27	16	32.8
Alert	2	33.33	32	72.73	34	68.0
Total	6	100	44	100	50	100
Murotal therapy						
Less calm	15	51.72	1	4.76	16	32.8
Calm	14	48.28	20	95.24	34	68.0
Total	29	100	21	100	50	100

Table 1. The results showed that 16 respondents experienced an anxiety level of "anxious" and of those, 4 respondents received "less alert" husband support, while 12

respondents received "alert" husband support. On the other hand, 34 respondents in the "calm" group had husband support that was "alert," while only 2 respondents in the same group experienced an anxiety level of "anxious."

The table's results offer a first impression of the connection between pregnant women's anxiety levels and their husbands' degrees of support. As can be observed, the majority of respondents in the "calm" group reported receiving "alert" husband support; however, there was a more notable difference in the number of respondents in the "anxious" group who reported receiving "less alert" compared to "alert" husband support.

From the table, it can be seen that out of a total of 16 respondents who experienced an anxiety level of "anxious," 15 of them participated in marital therapy called "less calm." In contrast, only one respondent participated in marital therapy called "calm." On the other hand, of the 34 respondents who were in the "calm" group, 20 of them followed marital therapy called "calm," while 14 respondents followed marital therapy called "less calm." The total number of respondents in this table is 50.

The results from this table provide a preliminary picture of the relationship between the anxiety levels of pregnant women and the application of marital therapy. It can be seen that the majority of respondents in the "anxious" group followed marital therapy called "less calm." In contrast, the majority of respondents in the "calm" group followed marital therapy called "calm."

To measure the hypotheses, two tests are used: the t-test and the determinant coefficient. This can be seen from the following explanation:

Table 2 Result t Test Chapter 1

B	St. Error	T	Sig
4.339	4.395	0.987	0.329
0.299	0.104	2.877	0.006
0.397	0.114	3.49	0.001

*Sources: Primary data 2023

Table 2. represents the results of multiple linear regression analysis aimed at assessing the impact of the husband's support and Marital therapy on the anxiety level of pregnant mothers, with anxiety level as the dependent variable. In the "Unstandardized Coefficients" column, we can see the regression coefficient values (B) for each variable in the model. The constant variable has a coefficient of 4.339, indicating the estimated average anxiety level when all independent variables are set to zero. Furthermore, the "husband's support" variable has a coefficient of 0.299 with a standard error of 0.104, while the "Marital therapy" variable has a

coefficient of 0.397 with a standard error of 0.114. These coefficients provide an estimate of the change in the anxiety level when the independent variables change by one unit.

Next, in the "Standardized Coefficients" column, we see the Beta coefficients that depict the relative contribution of each independent variable to the anxiety level in standard units. From these results, it is evident that "husband's support" has a contribution of 0.352, and "Murrotal therapy" has a contribution of 0.427 to the anxiety level. These results indicate that both independent variables have a positive influence on the anxiety level of pregnant mothers. Furthermore, in the "t" column, we can see the t-statistic values that measure the significance of the regression coefficients. "Husband's support" has a t-value of 2.877 with a significance level (Sig.) of approximately 0.006, while "Murrotal therapy" has a t-value of 3.490 with a Sig. of about 0.001. Statistically significant t-values indicate that both independent variables have a significant impact on the anxiety level.

Tabel 3. Result Of Coefficient Determinat Chapter 1

Model Summary			
R	R square	Adjusted R Square	Std. Error of the Estimate
0.664 ^a	0.441	0.418	3.424

*Sources: Primary data 2023

This model summary provides an overview of the quality of the multiple linear regression used to analyze the relationship between the dependent variable "anxiety level" and the independent variables "Murrotal therapy" and "husband's support." The value of R or the coefficient of determination at 0.664 indicates that approximately 66.4% of the variation in the anxiety level of pregnant mothers can be explained by these two independent variables. This suggests a moderate fit between the model and the data.

Furthermore, the R Square value of 0.441 depicts how much of the variability in the anxiety level can be explained by this model. In contrast, the Adjusted R Square value of 0.418 provides a corrected estimate of how well this model fits the data, considering the number of independent variables in the model. Additionally, the Standard Error of the Estimate at 3.424 measures how much the estimated anxiety level generated by this model varies from the actual values. While this model offers a good overview of the relationship between these variables, further analysis may be required to gain a deeper understanding of the factors influencing the anxiety level of pregnant mothers.

Table 4. Result in t Test Chapter II

Model		Coefficients				Collinearity Statistics		
		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Tolerance	VIF
		B	Std. Error	Beta				
1	(Constant)	43.622	27.093		1.610	.114		
	husband support	-.601	.621	-.706	-.967	.339	.022	45.912
	murotal therapy	-.866	.867	-.931	-.999	.323	.013	74.877
	moderate	.029	.020	2.070	1.469	.149	.006	171.118

a. Dependent Variable: anxiety level

*Sources: Primary data 2023

The results of this model analysis indicate the influence of the moderator variable on the dependent variable in the context of the analysis. The moderator variable's unstandardized regression coefficient (Unstandardized Coefficients) is 0.029, with a standard error of 0.020. The standardized Beta coefficient (Standardized Coefficients) of 2.070 indicates that the moderator variable significantly influences the dependent variable on a standard scale. However, the t-test results, with a t-value of 1.469 and a significance level of approximately 0.149, indicate that the influence of this moderator variable is not statistically significant in the model.

According to the data analysis results, there is a significant effect ($p < 0.006$) of the husband's support on the anxiety level of pregnant women facing the labor process at Badrul Aini Hospital. At Badrul Aini Hospital, there is a significant effect ($p < 0.001$) of Murottal therapy on the anxiety level of expectant mothers facing the labor process. Furthermore, with murottal treatment acting as a moderating variable and a significant value of 0.149, there is no influence of the husband's support on the anxiety level of pregnant women confronting the labor process at Badrul Aini Hospital.

Table 5 . Result Coefficient Determinant Chapter II

Model Summary			
R	R square	Adjusted R Square	Std. Error of the Estimate
0.683 ^a	0.466	0.432	3.383

*Sources: Primary data 2023

The model summary provides an overview of the quality of multiple linear regression used to analyze the relationship between the dependent variable, "anxiety level," and three independent variables: "moderator," "husband's support," and "Murrotal therapy." The R-value or coefficient of determination, at 0.683, indicates that approximately 68.3% of the variation in the anxiety level of pregnant mothers can be explained by the combination of these three

independent variables. This suggests a moderate fit between the model and the data. The R Square value of 0.466 illustrates how much of the variability in the anxiety level can be explained by this model.

Comparing the R Square of 0.441 to the R Square of 0.466 shows the difference in how well the three independent variables (moderator, husband's support, and Murrotal therapy) can explain the variation in the anxiety level of pregnant mothers during the childbirth process at Mother And Child Hospital Badrul Aini Medan. In this case, the higher R Square (0.466) in the model that includes the moderator variable indicates that this model can explain the variation in anxiety levels better than the previous model (R Square 0.441), which did not include the moderator variable. This suggests that the moderator variable (in this context, Murrotal therapy) plays a role in enhancing the influence of the husband's support on the anxiety level of pregnant mothers during the childbirth process. While the difference is not substantial, the increase in R Square indicates that Murrotal therapy significantly contributes to explaining the variability in the anxiety level of pregnant mothers and can be considered a factor that enhances the influence of the husband's support in the context of the childbirth process at Mother And Child Hospital Badrul Aini Medan.

DISCUSSION

The Influence of Husband's Support on the Anxiety Level of Pregnant Women

The analysis results indicate a significant influence of the husband's support on the anxiety level of pregnant women during the childbirth process at Mother And Child Hospital Badrul Aini, with a low significance value of 0.006. A pregnant woman's anxiety level during childbirth might be significantly reduced with her husband's assistance. According to the standardized Beta coefficient of 0.352, pregnant women are less likely to experience anxiety the more their husband supports them. This research highlights the beneficial and essential role that husbands' support may play in giving maternal care. These support can take the form of understanding, physical presence, and moral support, all of which can assist expectant mothers deal with childbirth more peacefully and fearlessly.

It is essential to note that while this study found a significant influence of the husband's support on the anxiety level of pregnant women, the correlation found does not always indicate a definite cause-and-effect relationship. Other factors, such as the medical condition of pregnant women, social support from the family, and environmental factors, can also affect the anxiety level. Therefore, the results of this study highlight the importance of paying attention to the aspect of husband's support in maternal care but also remind us to consider other factors

that can influence the anxiety level of pregnant women. This conclusion aligns with findings in previous research that emphasize the importance of family and husband's support in reducing anxiety in pregnant women before childbirth and highlights the role of non-pharmacological interventions like Murrotal therapy in addressing maternal patient anxiety.

This conclusion supports previous research findings by (Farida et al., 2019). Their study investigated the relationship between husband's support and preparedness for childbirth in pregnant adolescents in Sukowono, Jember. The results of their research indicated that the higher the support received from husbands, the higher the preparedness for childbirth. Pregnant adolescents with good spousal support tended to be more mature in preparing childbirth plans and programs, leading to a smoother delivery process and ensuring the safety of both mother and baby.

Both of these studies align in emphasizing the importance of the husband's support in alleviating anxiety and enhancing preparedness for childbirth in pregnant women. While these findings provide a positive view of the role of spousal support, both recent and previous studies still underline the crucial consideration of other factors that can influence anxiety levels, such as the medical condition of pregnant women, social support from the family, and environmental factors. Therefore, overall, they emphasize the need for a holistic approach to addressing maternal anxiety, highlighting the role of non-pharmacological interventions like Murrotal therapy as an additional method to address maternal anxiety.

The Influence of Murrotal Therapy on the Anxiety Level of Pregnant Women

The analysis results indicate a significant influence of Murrotal therapy on the anxiety level of pregnant women facing the childbirth process at Mother And Child Hospital Badrul Aini, with a low significance value of 0.001. Murrotal therapy plays a significant role in reducing the anxiety level of pregnant women during the childbirth process. The significant standardized Beta coefficient of 0.456 suggests that the more intensive the Murrotal therapy provided to pregnant women, the lower the anxiety level they tend to experience while facing the childbirth process. This finding illustrates the potential of Murrotal therapy as an effective tool in helping pregnant women cope with anxiety and create a calmer childbirth experience.

These findings have important implications in maternal care at Mother And Child Hospital Badrul Aini. Healthcare providers need to consider the integration of Murrotal therapy as an integral part of the care for pregnant women during the childbirth process. By providing Murrotal therapy, hospitals can create a supportive and calm environment during childbirth, which can help pregnant women better cope with this process.

In comparison to previous research, there are similarities and differences in this study's findings. Prior research examined the effectiveness of the Murrotal therapy of the Qur'an in reducing the intensity of pain during the active phase of labour, focusing on pain reduction. In contrast, this research primarily focuses on the influence of Murrotal therapy on the anxiety level of pregnant women during the childbirth process. However, both previous research and this study demonstrate that Murrotal therapy has the potential to be an effective intervention in addressing various levels of discomfort or anxiety in the context of maternal care and specific medical situations.

Comparing these results to previous research, there are both similarities and differences. Prior research, such as the study by Siti (2020), focused on the influence of Murrotal therapy on anxiety levels during the third trimester, demonstrating a significant impact on anxiety levels. Another study by Wati et al., (2020), investigated the effect of Murrotal therapy on anxiety levels in patients with pre-coronary angiography. These studies, including the current one, collectively emphasize the potential efficacy of Murrotal therapy in addressing anxiety in various medical contexts, with each study highlighting its role in alleviating discomfort and promoting a more positive experience.

The Influence of Husband's Support on the Anxiety Level of Pregnant Women with Murrotal Therapy as a Moderating Variable

Findings in this research indicate that in the context of Mother And Child Hospital Badrul Aini, there is no significant influence of husband's support on the anxiety level of pregnant women during the childbirth process, even with Murrotal therapy as a moderating variable, and the obtained significance value is 0.149. This implies that pregnant women's anxiety levels are not significantly impacted by their husbands' assistance during birthing. The association between the husband's support and the anxiety level is not considerably affected by murrotal therapy, which is intended to help lower anxiety. These results suggest that additional factors could influence a pregnant woman's anxiety level during childbirth, and more research is necessary to fully understand the intricate interaction between a woman's anxiety level, her husband's support, and murrotal treatment.

In comparison to previous research, the results of this study differ from some previous findings. Previous research emphasized the importance of husband's support, family support, or Murrotal therapy in addressing the anxiety level of pregnant women during childbirth, and some studies showed a significant positive influence. However, in this study, the findings suggest that the husband's support and Murrotal therapy do not significantly impact the anxiety level of pregnant women in the context of Mother And Child Hospital Badrul Aini. This

indicates that variability in research results on these factors needs to be considered when designing interventions and care during childbirth.

This study underscores the need for further research to understand the factors that affect the anxiety level of pregnant women during childbirth more comprehensively and how more effective interventions can be designed to help pregnant women better cope with this anxiety. It is also important to consider the context and variations in the influence of the husband's support and Murrotal therapy on the anxiety level of pregnant women, as results may vary depending on the environment and the population under study.

Compared with other studies, this research at Mother And Child Hospital Badrul Aini presents distinctive findings (Etty et al., 2020) investigated the connection between husband's support and anxiety levels in primigravida women during the third trimester, emphasizing the significance of spousal support during pregnancy (Wati et al., 2020). focused on Murrotal therapy's effectiveness in reducing pain intensity during active phase labour (Siti, 2020). explored the influence of Murrotal therapy on anxiety levels in pregnant women during the third trimester. Farida et al., (2019), we Studied the impact of Murrotal therapy on the anxiety level of patients pre-coronary angiography, highlighting its potential as an intervention for anxiety management in medical situations.

In contrast to these studies, the current research at Mother And Child Hospital Badrul Aini indicates that the husband's support and Murrotal therapy do not significantly affect the anxiety level of pregnant women during the childbirth process. These differing results emphasize the need for nuanced considerations in understanding the role of the husband's support and Murrotal therapy in influencing maternal anxiety, recognizing that outcomes may vary depending on the specific context and population under study.

CONCLUSIONS

Based on the analysis's findings, pregnant women's anxiety levels during labor are significantly influenced by their husbands' support, and there is no evidence that murrotal therapy has any moderating effect on this relationship at Badrul Aini Mother and Child Hospital.

It is recommended that health care providers and Badrul Aini mother and child hospital should pay more attention to the role of husbands in prenatal care and labour and encourage their active involvement. Health education programs can be implemented to educate husbands on the importance of providing emotional and psychological support to their partners during the birthing process.

Murrotal therapy is effective in reducing maternal anxiety. Therefore, healthcare providers should consider offering Murrotal therapy as one of the options to address anxiety in pregnant women who are about to give birth. Murrotal therapy programs can be integrated into prenatal care and delivery as part of a holistic approach to maternal care. Lastly, further research could be encouraged to investigate other factors that may influence the anxiety levels of pregnant women, such as social, environmental, and medical factors. In addition, further research could examine in more detail how Murrotal therapy can be used more effectively as an intervention to address anxiety in pregnant women.

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