Implementation of Murottal Al-Qur'an Therapy on Maternal Post Sectio Caesarea in Reducing Pain and Improves Sleep Quality

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ABSTRACT

Purpose: The purpose of this case study is to describe the implementation of Qur'anic murottal therapy in post-sectio caesarean mothers, its effects on pain reduction and sleep quality improvement, and its role as a non-pharmacological nursing intervention. **Methods:** This study employed a qualitative design using a case study approach involving two post-sectio caesarean mothers. The intervention consisted of listening to Qur'anic murottal therapy (Surah Ar-Rahman) for 15 minutes once daily over three consecutive days. Pain intensity was measured using the Verbal Rating Scale (VRS), while sleep quality was assessed using the Pittsburgh Sleep Quality Index (PSQI). **Results:** The results showed that both respondents experienced acute pain related to post-sectio caesarean surgical wounds. After the implementation of Qur'anic murottal therapy, pain intensity decreased from the severe pain category to the mild pain category. In addition, sleep quality improved from the poor category to the good category in both mothers. **Conclusions:** Qur'anic murottal therapy is proven to be effective in reducing pain intensity and improving sleep quality in post-sectio caesarean mothers. Therefore, this therapy can be recommended as an alternative non-pharmacological nursing intervention to help control pain and enhance sleep quality.

Keywords: Murottal Al-Qur'an; pain; sleep; sectio caesarea

Introduction

Childbirth is a transformative event in a woman's life, bringing significant impacts not only on her physical health but also on her emotional and psychological state. Clinically, delivery can be performed through two primary methods: spontaneous vaginal delivery or a surgical procedure known as Sectio Caesarea (SC). SC is defined as a surgical procedure to deliver a baby through an incision in the mother's abdominal wall and uterus, has become an increasingly common option in modern obstetric practice, often in response to difficulties in normal labor to ensure the safety of both mother and baby (Ariani & Mastary, 2020).

The increasing trend in SC delivery rates is a well-documented global phenomenon. Data from the World Health Organization (WHO) show an increase in SC prevalence from 18.6% in 2018 to 21.1% in 2021, a figure that exceeds the WHO's recommended range of 5-

15% (WHO, 2021). This trend is also reflected at the national level, where data from the Basic Health Research (RISKESDAS) in 2021 recorded the SC delivery rate in Indonesia at 17.6%. More specifically, data from regional and local levels highlight the urgency of this issue. In West Java Province, the average annual number of deliveries has reached over two million in the last 15 years (Open Data Jawa Barat, 2019). At the research location, dr. Slamet Regional Hospital in Garut Regency, the rate of deliveries via SC in 2018 was recorded at a very high 72.8%.

This increase in SC rates is not merely a statistical shift but represents a significant public health challenge. Every SC procedure is a major operation that exposes the mother to a series of risks and complex postoperative care needs. The high prevalence of SC directly correlates with an increased incidence of post-surgical complications, such as severe pain, risk of infection, and limited mobility. Consequently, there is a growing burden on the healthcare system to provide intensive postoperative care, which in turn demands the development of effective, efficient, and holistic nursing management strategies to support maternal recovery.

The most immediate and universal clinical consequence of the SC procedure is the onset of acute pain. The surgical incision, which disrupts tissue continuity, inevitably stimulates pain receptors, resulting in an uncomfortable sensory and emotional experience (Rahayu et al., 2022). Post-SC pain, if not adequately managed, can trigger a cascade of negative effects. Psychologically, pain can cause anxiety and fatigue. Functionally, it hinders early mobilization, a crucial component in preventing postoperative complications. Furthermore, pain can interfere with the lactation process and inhibit the formation of an emotional bond (bonding) between mother and baby (Vasra & Sukarni, 2018).

One of the most significant impacts of postoperative pain is the disturbance of sleep quality. Sleep is a fundamental physiological need essential for physical and psychological recovery, especially for postpartum mothers who require maximum energy to care for their newborns (Haryati, 2020; Noviyanti et al., 2019). The relationship between pain and sleep is bidirectional and can create a negative cycle that impedes recovery. Severe pain makes it difficult to initiate and maintain sleep. Conversely, a lack of quality sleep can lower an individual's pain threshold and coping capacity, thereby intensifying the perception of pain (Astutik & Kurlinawati, 2017). This cycle transforms the problem from mere "pain" and "sleep deprivation" into a failure of holistic recovery that affects nearly every aspect of the mother's postpartum experience. Therefore, an intervention capable of breaking this cycle by targeting both pain and sleep simultaneously is crucial in maternity nursing care.

Conventional management of postoperative pain is divided into pharmacological and non-pharmacological approaches. Although pharmacological analgesics are effective, their use is often accompanied by the risk of side effects, which encourages the exploration of safe, low-risk complementary therapies. One promising non-pharmacological approach is the distraction technique, which works by diverting the patient's attention from the sensation of pain. Auditory distraction, in particular, utilizes the sense of hearing to reduce pain perception (Safitri et al., 2023).

In this context, Murottal Al-Qur'an therapy—listening to the recitation of the holy verses of the Al-Qur'an—emerges as a unique and culturally relevant form of auditory distraction intervention (Sarwo Edi, 2021). The mechanism of this therapy is holistic, combining neuro-physiological and psycho-spiritual aspects. Neuro-physiologically, the sound waves from the Murottal recitation are transmitted to the brain and perceived. The soothing rhythm and melody, especially from a surah like Ar-Rahman with its repetitive verse structure, can induce a state of deep relaxation. This condition is neurochemically characterized by a shift in brain waves to the alpha frequency ($7-14$ Hz), which is associated with a reduction in stress and anxiety (Saleh et al., 2018). Furthermore, the recitation is believed to stimulate the production of endorphin and serotonin hormones, which play a role in creating feelings of

comfort, relaxation, and happiness, thereby effectively reducing the perception of pain (Gunawan & Mariyam, 2022).

The effectiveness of this therapy is reinforced by its psycho-spiritual dimension. For the Muslim patient population, the Al-Qur'an is not just sound but a sacred scripture with deep spiritual meaning. This intervention aligns with the cultural and spiritual beliefs of the patients, which can enhance their acceptance and engagement. The experience of listening to Murottal can increase divine consciousness and foster a sense of surrender (tawakkal), which provides peace of mind and psychological strength to cope with pain. It is this synergy between cultural alignment, spiritual meaning, and neuro-physiological mechanisms that makes Murottal Al-Qur'an therapy a potentially powerful intervention, as it can address the physical, psychological, and spiritual dimensions of the pain experience simultaneously.

A number of recent studies have provided strong evidence for the effectiveness of Murottal Al-Qur'an therapy in managing post-SC pain. A study by Setiawan et al. (2023) showed that this intervention successfully reduced the pain scale from 5-6 (moderate-severe pain) to 1-2 (mild pain) within three days. Similar results were reported by Safitri et al. (2023), where the pain scale decreased from 5-6 to 0-1 (no pain) in the same period. The mechanism behind this effect is supported by research from Gunawan & Mariyam (2022), who linked the relaxing effect of the Surah Ar-Rahman recitation to the release of endorphin and serotonin hormones. The uniqueness of Surah Ar-Rahman as a therapeutic medium was also emphasized by Wirakhmi & Hikmanti (2016), who highlighted its short and repetitive verse structure as a factor that provides a calming effect. Overall, these findings confirm the position of Murottal therapy as a valid positive psychological intervention, as conceptualized by Sarwo Edi (2021).

Although these studies have proven the efficacy of Murottal therapy, a gap remains in the literature regarding its practical implementation within the framework of nursing care in a real clinical setting. Most research has focused on quantitative outcomes but has provided less rich, descriptive insight into how this therapy is applied, how patients respond to it subjectively, and what contextual factors influence its execution. To fill this gap, this research employs a qualitative case study approach. Its purpose is not to re-validate the therapy's effectiveness but to provide an in-depth description of its implementation process in the field. Based on this gap analysis, the general objective of this study is to describe the implementation of Murottal Al-Qur'an therapy in post-sectio caesarea mothers to reduce pain and improve sleep quality.

Methods

This study utilized a qualitative design with a case study approach. The objective was to explore nursing problems and problem-solving techniques through the application of Murottal Al-Qur'an therapy, specifically Surah Ar-Rahman, on two post-Sectio Caesarea mothers to reduce pain and improve their sleep quality. The subjects for this study were two mothers who had undergone a Sectio Caesarea procedure, selected based on specific criteria to ensure a comprehensive and holistic investigation. The case study was conducted in the Jade inpatient room at dr. Slamet Regional General Hospital in Garut Regency.

The research took place between April 11 and April 19, 2025, with the intervention for each respondent lasting for three consecutive days during their hospital stay. The instruments used for data collection in this study were (1) A maternity nursing care assessment format; (2) The Verbal Rating Scale (VRS) to measure the patient's pain scale; (3) A pain observation sheet to collect data during direct observation of the patient's pain; (4) The Pittsburgh Sleep Quality Index (PSQI) questionnaire to measure the quality of the patient's sleep. Data analysis was performed using an unstructured qualitative approach, with the findings presented in a descriptive narrative format. The analysis process began in the field during data collection and continued after all data was gathered. It involved presenting the obtained facts, comparing them

with existing theories and standards, and subsequently drawing conclusions based on the relevant discussion.

Results

The study involved two respondents with distinct characteristics. The selection was based on the following criteria, they were (1) Participants were post-SC mothers who were of the Islamic faith, willing to be respondents, experiencing pain and sleep disturbances, hospitalized for at least three days, at least six hours post-surgery, and had no hearing impairments; (2) The study excluded any post-SC mother who experienced a decreased level of consciousness. The two respondents selected for the study had differing characteristics. Respondent 1 (Ms. S) was 21 years old and a primipara (first-time mother), while Respondent 2 (Ms. V) was 31 years old and a multipara (a mother who has had more than one child) with a history of a previous Sectio Caesarea.

Upon initial assessment, both respondents reported similar primary complaints: pain at the post-SC incision site. However, the intensity differed. Using the Verbal Rating Scale (VRS), Respondent 1 rated her pain as 7 out of 10 ("very severe pain"), while Respondent 2 rated hers as 5 out of 10 ("severe pain"). Both noted that the pain, described as a "slashing" sensation, worsened with movement and eased with rest. The following is a table that shows the characteristics of the respondent 1 and respondent 2.

Table 1. The characteristics of the respondent 1 and respondent 2

Characteristic	Respondent 1 (Ms. S)	Respondent 2 (Ms. V)
Age	21 Years	31 Years
Parity	Primipara	Multipara
Gestational Age	40 weeks	39 weeks
Postpartum Day	Day 1	Day 1
Previous Delivery History	None	Sectio Caesarea
Initial Pain Scale (0-10)	7 (Very Severe)	5 (Severe)
Initial Sleep Duration	~6 hours	~5 hours
Initial PSQI Score	20 (Poor)	25 (Poor)

Sleep was also significantly disturbed for both. Respondent 1 slept for approximately 6 hours and Respondent 2 for approximately 5 hours, with both reporting frequent awakenings due to pain. Initial Pittsburgh Sleep Quality Index (PSQI) scores confirmed poor sleep quality, with Respondent 1 scoring 20 and Respondent 2 scoring 25.

Over the three-day intervention period, both respondents showed significant improvement in pain levels and sleep quality. Both experienced a consistent reduction in pain. Respondent 1's pain score decreased from 7 ("very severe") on Day 1 to 5 ("severe") on Day 2, and finally to 2 ("mild") on Day 3. Respondent 2's score decreased from 5 ("severe") on Day 1 to 3 ("moderate") on Day 2, and then to 2 ("mild") on Day 3. By the end of the final intervention, both reported their pain had further reduced to a scale of 1 ("mild"). Concurrently, their sleep quality improved markedly, moving from the "poor" to the "good" category by the end of the study. Respondent 1's PSQI score improved from 20 ("poor") on Day 1 to 11 ("poor") on Day 2, and dramatically to 1 ("good") on Day 3, with her sleep duration increasing from approximately 6 to 8 hours. Respondent 2's PSQI score improved from 25 ("poor") on Day 1 to 17 ("poor") on Day 2, and then to 5 ("good") on Day 3, as her sleep duration increased from approximately 5 to 7 hours. Both reported feeling well-rested and sleeping more soundly with

fewer interruptions by the third day. The detailed progression of sleep quality components is shown in the table below.

Table 2. Progression of sleep quality components

PSQI Component	Day 1 (S/V)	Day 2 (S/V)	Day 3 (S/V)
Subjective Sleep Quality	2 (Poor) / 2 (Poor)	1 (Good) / 2 (Poor)	0 (Very Good) / 0 (Very Good)
Sleep Latency (minutes)	1 (16-30) / 2 (31-60)	1 (16-30) / 1 (16-30)	0 (<15) / 0 (<15)
Sleep Duration (hours)	2 (~6) / 2 (~5)	2 (~7) / 1 (~6)	1 (~8) / 0 (~7)
Sleep Efficiency (%)	2 (75%) / 1 (71.4%)	0 (87.5%) / 0 (85.7%)	0 (93.75%) / 0 (87.5%)
Sleep Disturbances	1 / 2	1 / 2	1 / 1
Use of Sleep Medication	0 (Never) / 0 (Never)	0 (Never) / 0 (Never)	0 (Never) / 0 (Never)
Daytime Dysfunction	3 / 3	2 / 2	0 / 0
Total PSQI Score	**20 (Poor) / 25 (Poor)**	**11 (Poor) / 17 (Poor)**	**1 (Good) / 5 (Good)**

About patient response and their experience, both respondents and their families showed positive and enthusiastic responses to the Murottal Al-Qur'an therapy. After providing informed consent, they expressed that their concerns were being heard and addressed. Neither respondent was previously aware that Murottal therapy could be used to reduce pain. Following each session, both women reported feeling more comfortable, calm, and relaxed. Their families also observed that the respondents appeared to be in better condition than before the therapy. On the third day, the husband of Respondent 1 expressed interest in the therapy, noting how relaxed it made his wife appear.

Discussion

This section provides a detailed analysis of the nursing care provided, comparing the findings from both cases with relevant theories and concepts. The discussion covers the entire nursing process, from assessment to evaluation, and examines the supporting and inhibiting factors encountered during implementation.

Analysis of the Nursing Process

The study confirmed that both mothers who underwent a sectio caesarea experienced pain, which subsequently affected their sleep quality. This aligns with the findings of Noviyanti et al. (2019), who noted that adequate sleep is crucial for the recovery of postpartum mothers. The primary complaint in both cases was pain at the incision site, which is a predictable outcome of surgical procedures that cause tissue discontinuity and stimulate pain receptors (PPNI, 2017). This pain led directly to the secondary nursing problem of sleep pattern disturbance, as both respondents reported difficulty sleeping due to discomfort, a connection also highlighted by Noviyanti, dkk. (2019).

Based on these findings, the primary nursing diagnoses were Acute Pain and Sleep Pattern Disturbance. The chosen intervention was Murottal Al-Qur'an therapy, a non-pharmacological technique intended to reduce pain and promote relaxation. This choice is supported by the theory that auditory distraction can reduce pain intensity (Suwondo, 2017) and that the calming recitation of the Qur'an can stimulate the release of endorphins, the body's natural painkillers (Safitri, dkk., 2023). The use of Surah Ar-Rahman was specifically selected for its known ability to induce tranquility (Sarwo Edi, 2021). The intervention was initiated 6 hours post-surgery, a timeframe supported by research from Niar et al. (2024), which suggests

that Murottal therapy at this stage can stimulate the brain to produce neuropeptides that have a positive effect on the listener.

Evaluation after three days showed significant improvement. Both respondents experienced a consistent decrease in pain intensity, with Respondent 1's pain scale dropping by 6 points (from 7 to 1) and Respondent 2's by 4 points (from 5 to 1). This outcome is consistent with previous studies by Setiawan, dkk. (2023) and Saleh, dkk. (2018). Concurrently, sleep quality improved dramatically for both, with PSQI scores moving from "poor" to "good" as the primary disruptor pain was effectively managed.

Implementation of the Murottal Al-Qur'an Therapy

The implementation process began with obtaining informed consent after a thorough explanation of the therapy's purpose and procedure. The researcher then conducted assessments using a maternity nursing care instrument, the Verbal Rating Scale (VRS) for pain, and the Pittsburgh Sleep Quality Index (PSQI) questionnaire. The therapy itself followed a Standard Operating Procedure (SOP), utilizing an MP3 player and earphones. The environment was controlled by minimizing external stimuli like noise and light. Respondents were positioned comfortably and listened to the 15-minute recitation of Surah Ar-Rahman. Post-therapy observation confirmed that both respondents felt more relaxed and comfortable, which aligns with the findings of Sarwo Edi (2021) that Murottal therapy can induce a sense of calm.

A notable deviation occurred on the second day with Respondent 2, who was distracted by family visitors and conversation during the session. This lack of focus corresponds with research by Astutik & Kurlinawati (2017), which states that a noisy environment can hinder a person's ability to control pain. It was also observed that on the second and third days, both respondents fell asleep during the therapy and had to be awakened for the post-intervention assessment, further indicating the therapy's potent relaxing effect.

Patient Responses and Changes

Both respondents and their families demonstrated positive and enthusiastic responses throughout the study. They reported feeling that their concerns were being addressed and expressed feelings of calm, comfort, and relaxation after each session. Both mothers experienced a significant improvement in their ability to manage pain and sleep more soundly. Respondent 1 noted that the tranquility from the therapy helped reduce the pain that interfered with her daily activities, while Respondent 2 felt a similar calming atmosphere. This suggests Murottal therapy can be an effective pain relief method by inducing deep relaxation.

These subjective reports are consistent with the findings of Gunawan & Mariyam (2022), who confirmed that Murottal therapy can calm respondents, especially in a quiet environment. The difference in the rate of sleep quality improvement between the two respondents was attributed to environmental factors; Respondent 1 was highly focused, whereas Respondent 2's environment was disrupted, affecting her ability to rest. This observation is supported by Mubarak (2019), who noted that changes in a typically quiet environment can disturb sleep. The comparison of the two cases suggests that combining non-pharmacological therapy with standard pharmacological care yields broader benefits, leading to faster recovery and improved physical and mental readiness for discharge compared to patients receiving only pharmacological treatment.

Supporting and Inhibiting Factors

The success of the intervention was facilitated by several supporting factors, including the strong motivation of the respondents to recover, full support from their families, and good cooperation from the healthcare staff. The primary inhibiting factor was the non-conducive environment experienced by Respondent 2 on the second day. The presence of a crowded

family visit made it difficult for her to focus, which slightly impacted the therapy's effectiveness. This aligns with the theory from Mubarak (2019) emphasizing that a calm environment is a crucial requirement for the success of relaxation therapies.

Conclusion

Based on the comprehensive nursing care process, this study concludes that Murottal Al-Qur'an therapy is a significantly effective non-pharmacological intervention for managing acute pain and improving sleep quality in post-sectio caesarea mothers. The findings demonstrate that factors such as the patient's perception of pain, previous experiences, and environmental conditions play a crucial role in the therapy's outcomes. Both respondents experienced a substantial reduction in pain, from severe levels to mild, and a marked improvement in sleep quality, from poor to good. The implementation process revealed that patient focus is critical, as the respondent with fewer environmental distractions showed a faster rate of improvement. Subjective responses confirmed that the therapy not only alleviated physical symptoms but also enhanced mental and emotional well-being, leading to a faster and more holistic recovery. These results align with the study's objectives to describe and analyze the implementation of this therapy, confirming its value and suggesting that its integration into standard nursing care can contribute to a more comprehensive and patient-centered approach to postoperative recovery.

Suggestion

Based on the conclusions and their implications, the following suggestions are proposed for relevant stakeholders. For Educational Institutions, It is recommended that nursing education institutions enrich their curriculum and library resources with the most current literature on non-pharmacological and culturally sensitive interventions, such as Murottal therapy. This will better prepare future nursing professionals to provide holistic and evidence-based care. For Healthcare Services and Professionals, Healthcare facilities, particularly hospitals, are encouraged to formally integrate Murottal Al-Qur'an therapy into their standard care protocols as a collaborative, non-pharmacological option for Muslim patients recovering from surgery.

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