Psychoeducation Dhikr Increases Spiritual Responses of *Primiparous* Women

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Abstract: The transition period in the *primiparous* women requires not only the physical, psychological and social readiness but also an attitude of willingness in adaptation during perinatal period. The adding a spiritual aspect is required to facilitate the mother to accept changes after giving birth. This study aims to explore effect of psychoeducation dhikr for spiritual responses on *primiparous* women. This study used the randomized pre-test post-test control group design. A number of 47 participants completed up to the analysis. Variables that included patience, gratitude, willingness and wisdom examined 4 times. Statistical analysis saw the difference within and between groups. There was difference of mean score of patience, gratitude, willingness and wisdom before and after ($p < 0.001$) in intervention group. There was a difference of mean score of patience, gratitude and willingness ($p < 0.05$) but there was no difference in wisdom ($p = 0.35$) in the control group. There was a mean difference (Δ) before and after intervention between groups ($p < 0.05$). Routine midwifery care plus psychoeducation dhikr further increases spiritual responses based on patience, gratitude, willingness and wisdom compared with a routine midwifery care on *primiparous* women.

1 BACKGROUND

The transition period in the *primiparous* women requires not only the physical, psychological and social readiness but also an attitude of willingness to accept changes after giving birth. The available maternal health programs generally do not facilitate the emotional preparedness of mothers (Hung et al. 2011; Care Quality Commission 2010; Care Quality Commission & NHS 2015), the provision of services is still related to physical health, treatment, infant care and family planning (Khalaf et al. 2007).

The literatures on the spirituality around childbirth are concern to human well-being, although they do not seem to recognize the experience of labor as spiritually meaningful (Crowther & Hall 2015). However, several strategies have been undertaken to improve interventions such as adding the spiritual aspects and integrating religious elements into interventions (Hefti 2011), which the approaches using belief and spirituality are identified as relevant sources during the pregnancy and childbirth in dealing with stress, difficult situations and insecurities (Büssing et al. 2017). Research suggested that the period of pregnancy, childbirth and motherhood were condition to be closer to the God and made life more meaningful with the use of religious beliefs as a powerful coping mechanism (Callister & Khalaf 2010), the mother in the period of childbirth has development of transcendental, spiritual, psychological experience and positive inner feelings as self-actualization in the natural life cycle as a woman (Taghizdeh et al. 2017). Some studies have concluded that the religious instruction increased religious knowledge and attitudes and reduced the postpartum blues (Akbarzadeh et al. 2015), and helped to deal with the early stress during motherhood (Mann et al. 2008) and up to the next year (Cheadle et al. 2015).

In term, dhikr means to remember. In the context of spirituality, dhikr (remembering) means remembering God (Allah SWT). By definition, dhikr is the consciousness of beings in a unified relationship of their whole life with the God. Dhikr as the ritual and meditation of Muslims is closely related to the affective and cognitive conditions of the individual

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(Hamsyah & Subandi 2017). The dhikr is practice; where short phrases or prayers are repeated through oral or inner speech, body movement or the heart with resignation and meaningfulness, prayer, praise, thanksgiving, not limited to time and certain readings.

Some of the main purposes of the dhikr are to get closer to the God through surrender or sincerity, guard against self-destruction of demons, as tranquilizer, make peace of the heart and causing salvation from adversity, find humility, tranquility, peace, and divine love in this noble exercise (Husain 1998). Dhikr is also used as a treatment for spiritual illness, which is not always a separate disease category but can be incorporated into current diagnostic and classification systems (Laher 2014).

Several studies of the dhikr have been done, with the results of relaxation training with the dhikr could reduce anxiety and improve controlled feelings in patients with Acute Myocardial Infarction treated by Intensive Cardiac Care Unit (Mardiyono 2012), as an important strategy for coping against cancer and contributes to spiritual care (Mesquita et al. 2013), the spiritual activities such as repentance and the dhikr increased the psycho-physiology changes to the positive ways (Nubli et al. 2013).

There are no research on the psychoeducation dhikr on the effects for the perceived spiritual on the *primiparous* women. The psychoeducation dhikr in this study was the use of dhikr to deal with the emotional condition, which begins with the relaxation and continued with spoken utterance, the body movements or vibration of the heart in order to get closer to *Allah Subhanahu wa Ta'ala*, by reading some verses, praying and mentioning some names of *Allah Subhanahu wa Ta'ala*, done with a soft voice, with the present heart and mind. The number of interventions was 5 times @ 45-60 minutes, two times in T III of pregnancy and on the 3rd, 7th and 10th day of postpartum. The sequence of activities undertaken in accordance with the protocol.

The psychoeducation dhikr was chosen by considering to utilize the provision of beliefs and knowledge possessed by the respondents. Another reason was that the dhikr was an easy practice to do and not limited to reading and time, so the mother abled to perform during the perinatal period. In addition, the dhikr could increase the faith and devotion of the pregnant women to postpartum along with the increasing need of the additional spiritual aspect in health services especially the midwifery care.

Therefore, the psychoeducation dhikr became an option in order to develop and optimize the mother's spiritual and the sustainability of that as an effort to achieve and improve the spiritual health of the perinatal mother is possible.

The results of this study were expected to be the scientific basis for the application of the spiritual intervention dhikr from the TM III of pregnancy up to postpartum period and suggested the intervention into the perinatal service program for improvement of the perceived stress and prevention of the PDS.

This study aims to explore effect of the psychoeducation dhikr for the spiritual responses on the *primiparous* women. The hypothesis of the study were the routine midwifery care plus psychoeducation dhikr are more increased the spiritual responses compared with the routine midwifery care.

2 METHODS

2.1 Study Design

This study used experimental with the randomized pre-test post-test control group design to explore two independent groups mean of spiritual responses. The study done in the six health centers in Klaten, Indonesia 2017, by doing a pretest by measuring the spiritual responses (patience, gratitude, willingness and wisdom). The treatment group received routine obstetric care plus psychoeducation of dhikr and the control group only received routine obstetric care, and then performed posttests.

2.2 Sampling

The permission was asked to the health centers, and then, based on the recommendation of midwives, the participant recruitment was conducted. The researchers explained the research objectives, benefits and consequences orally and written to the participants and to provide participants the opportunity to decide on participation in the study.

We applied the following inclusion criteria: normal third-trimester (26 – 36 weeks of gestation) pregnant women who wish to give birth vaginally and can read and write in Bahasa. Eligible participants of 78 the pregnant women in the TM III of pregnancy met the inclusion criteria, randomly allocated to either an intervention or a control group. Random allocation; used close envelope; had been done only to the level of the health centers, to avoid the occurrence of gaps and conflicts between respondents if in one health center there were different treatments. The number of respondents who completed until the end of the study period and up to the analysis were 47, consisted of 24 for intervention group and 23 for control group.

2.3 Measurement

Spiritual perception has been examined relatively four times, ie in the TM III of pregnancy, one week before due date of birth, day 3 and 11 after childbirth. The spiritual response questionnaire consists of indicators of patience, gratitude and willingness of heart, as well as the wisdom, to measure the spiritual response in pregnancy to postpartum. Items are based on theoretical sources and expert judgments. Each item with four choices of answers: very unsuitable, mismatch, accordant, very match, on a scale of 3 ranging from highly unsuitable (0) to very appropriate (3). The spiritual response questionnaire shows the value of Cronbach Alpha, on the impatient indicator of 0.772, the gratitude of 0.730, the willingness of the heart of 0.756, the intelligence of taking 0.768 wisdom.

2.4 Procedures

Pregnant women who have fulfilled inclusion and exclusion were invited to participate in this study and for accessibility reasons, pregnant women were invited to the nearest health center. After signing informed consent the respondents were asked to fill out the questionnaire.

The tools and materials used in the study include the Spiritual Psychoeducation Dhikr (SPD) module, which has been compiled and reviewed by Islamic religious expert. The SPD module was then tested and refined before testing is used. The SPD module was used 5 times in the same sequence of activities, beginning with a relaxation activity with deep breath, followed by reading some Al-Qu'ran letters, *Sholawat* Prophet Muhammad, some *Asmaul Husna*, *Toyyibah* sentences, *Istighfar*, *Tauhid* sentences and end with a deep breath.

Interventions were administered five times twice in the TM III of pregnancy, on the 3rd, 7th and 10th postpartum days, each for 45-60 minutes. Interventions were conducted by researchers who were assisted by six midwife instructors, each of which was owned by a selected community health center that had been subjected to a perception equation and was given special training three times.

2.5 Ethical Consideration

Ethical permission was obtained from Research Ethics Committee at Faculty of Medicine Diponegoro University, number 80 / EC / FK-RSDK / III / 2017, March 3, 2017. All respondents signed Informed Consent in Bahasa Indonesia.

2.6 Data Analysis

Data were primary data obtained directly from the respondents, tested to test the difference of mean score of the variable before and after intervention in the intervention group and control group using Paired sample t-Test.

Difference test of mean score difference between intervention group and group using Independent Sample t-Test. Difference test of mean difference every time measurement of variable score using ANOVA with post hoc Bonferroni.

3 RESULTS

Table 1 shows that the age categories of respondents were mostly low risk (95.8%) in the intervention group and (87%) in the control group. Based on Mann Whitney U test that found characteristics of respondents be based on age category, education category, occupation, family income, breastfeeding status and family support were obtained p> 0, 05, so it can be concluded that the respondent characteristic data in two groups was homogeneous.

Different test results based on Mann Whitney U Test on the score of patience, gratitude, willingness and wisdom on before the intervention obtained p value > 0,05, so it can be concluded that there was no initial difference of intervention in two groups. Table 2 shows there were significant difference of mean score of patience, gratitude, willingness and wisdom before and after the intervention, in groups who get additional psychoeducation of dhikr (p <0.001).

Respondents in the group who only received routine midwifery care there were differences before and after on patience, gratitude and willingness (p <0.005), while there was no difference of mean score of the wisdom (p= 0.350).

Table 1: Characteristics of *primiparous* women.

Characteristics	Intervention Group (n=24)		Control Group (23)		p*
	n (%)	mean±SD	n (%)	mean±SD	
Age (years)		23,96±3,30		22,83±3,92	0.294
Age category:					0,281
High risk	1 (4,2)		3 (13)		
Low risk	23 (95,8)		20 (87)		
Educational:					0,733
Primary	3 (12,5)		3 (13)		
Secondary	19 (79,2)		19 (82,6)		
Tertiary	2 (8,3)		1 (4,3)		
Occupation:					0,591
Employed	8 (33,3)		6 (26,1)		
Unemployed	16 (66,7)		17 (73,9)		
Household Income:					0,691
≤ Regional Min. Wage	14 (58,3)		15 (65,2)		
>Regional Min. Wage	10 (41,7)		8 (34,8)		
Breastfeeding:					1,000
Yes	24 (100)		23 (100)		
No	0 (0)		0 (0)		
Family support:					0,435
Often	4 (16,7)		6 (26,1)		
Always	20 (83,3)		17 (73,9)		

**Mann Whitney U test*

3.1 Patience

The first indicator was patience, in table 3 that the analysis using repeated ANOVA test showed mean score in TM III of pregnancy with one week before due date (p=0,019), TM III pregnancy with three days postpartum (p=0,079) and TM III pregnancy with eleven postpartum days (p=0.905). The analysis with post hoc Bonferroni showed no interaction between measurement time and group (p = 0.173).

However, the independent t test analysis on the mean difference (Δ) indicated p = 0.002 (table 4), so it can be concluded that there was difference of patience before and after intervention between groups who got additional psychoeducation dhikr and who only get routines midwifery care.

3.2 Gratitude

The test analysis of gratitude (table 3) obtained mean score of measurement result at TM III of pregnancy with one week before due date of childbirth (p = 0,183), TM III pregnancy with three postpartum days (p = 0,794) and TM III pregnancy with eleven postpartum days (0,137).

The next analysis showed no interaction between measurement time and group (p = 0.158). However, table 4 shown that the mean difference analysis (Δ) before and after the between group indicated p value 0.012, so it is concluded that there was a difference in gratitude score before and after the intervention between groups.

3.3 Willingness

The third indicator was willingness, the analysis obtained mean scores of willingness in TM III with one week before due date (p = 0.169), with three postpartum days (p = 0.952) and with eleven postpartum days (0.646). There was no interaction between measurement time and group (p = 0.351).

The result of independent t test analysis on the mean difference (Δ) between groups showed p value 0.026 (table 4), so it can be concluded that there was difference of willingness score before and after intervention between group.

Table 2: Difference scores before and after the intervention based on group

Score	Intervention group (Mean± SD)		p*	Control group (Mean± SD)		P*
	Before	After		Before	After	
Patience	1.767±0.26	2.43±0.28	<0.001	2.12±0.13	2.43±0.27	<0.001
Gratitude	1.86±0.19	2.38±0.27	<0.001	2.00±0.36	2.23±0.39	0.030
Willingness	1.93±0.26	2.45±0.29	<0.001	2.12±0.21	2.41±0.32	0.004
Wisdom	1.92±0.28	2.41±0.25	<0.001	1.93±0.34	2.05±0.49	0.350

*Before vs after: p*aired t test.*

Table 3: The spiritual responses score pre and post intervention within and between groups.

Variable	Time	Intervention group (Mean± SD)	Control group (Mean± SD)	Difference (Δ) (CI 95%)	p*	p**
Patience	1st	1,77±0,26	2,12±0,13	-	-	0,173
	2nd	2,05±0,31	2,28±0,33	-0,23 (-0,42–[-0,04])	0,019	
	3rd	2,06±0,35	2,25±0,39	-0,19 (-0,41 - 0,02)	0,079	
	4th	2,43±0,28	2,43±0,27	-0,01 (-0,17 - 0,15)	0,905	
Gratitude	1st	1,86±0,19	2,01±0,36	-	-	0,158
	2nd	1,97±0,30	2,10±0,39	-0,14 (-0,34 - 0,07)	0,183	
	3rd	2,07±0,36	2,10±0,39	-0,03 (-0,25 - 0,19	0,794	
	4th	2,38±0,27	2,23±0,39	0,15 (-0,05 - 0,35)	0,137	
Willingness	1st	1,93±0,26	2,12±0,21	-	-	0,351
	2nd	2,14±0,40	2,28±0,25	-0,14 (-0,33 - 0,06)	0,169	
	3rd	2,26±0,37	2,25±0,32	0,01 (-0,20 - 0,21)	0,952	
	4th	2,45±0,29	2,41±0,32	0,04 (-0,14 - 0,22)	0,646	
Wisdom	1st	1,92±0,28	1,93±0,34	-	-	0,017
	2nd	2,05±0,30	2,01±0,50	0,04 (-0,20 - 0,28)	0,730	
	3rd	1,91±0,38	2,02±0,46	-0,11 (-0,36 - 0,14)	0,382	
	4th	2,41±0,25	2,05±0,50	0,36 (0,13 - 0,59)	0,003	

** Repeated ANOVA test, **post hoc Bonferroni. 1st: measurement on TM III of pregnancy, 2nd: measurement on one week before due date of childbirth, 3rd: measurement on 3 days after birth, 4th: measurement on 11 days after birth.*

3.4 Wisdom

The fourth indicator was that wisdom, by using ANOVA repeated test showed the measurement result at TM III of pregnancy with one week before due date (p = 0,730), TM III pregnancy with three postpartum days (p = 0,382) and TM III pregnancy with eleven days postpartum (0.003). Based on the analysis result (table 3) there was interaction between measurement time and group (p = 0.017).

The results of the analysis using independent t test showed the difference of the mean difference (delta) of the wisdom before and after the intervention between groups showed the value p = 0.013 (table 4), so it can be concluded that there was a difference in the score of wisdom before and after intervention between groups who received additional psychoeducation of dhikr and who only received routine midwifery care.

4 DISCUSSION

The hypothesis of research that psychoeducation of dhikr increases the spiritual response of *primiparous* mother is acceptable, as illustrated by the increase of mean score of patience, gratitude, willingness and wisdom. Further described below.

Table 4. Difference (Δ) before and after intervention between groups

Δ Score	Difference Δ ± SD		t	CI (95%)	p*
	Intervention	Control			
Patience	-0.658 ± 0.402	-0.313 ± 0.323	-3.234	-0.560 – (-0.130)	0.002
Gratitude	-0.525 ± 0.282	-0.226 ± 0.468	-2.665	-0.524 – (-0.131)	0.012
Willingness	-0.525 ± 0.262	-0.287 ± 0.430	-2.302	-0.450 – (-0.030)	0.026
Wisdom	-0.492 ± 0.295	-0.122 ± 0.611	-2.661	-0.657 – (-0.083)	0.013

*Intervention group vs Control group: *Independent t test.*

First indicator was the patience. Based on this study result obtained that psychoeducation dhikr increases the respondents' patience in accepting pregnancy and childbirth along with consequences. Intervention in this study involved an element of beliefs held by respondents; shaped dhikr and written in a module containing dhikr reading and meaning and meaning. The previous the study revealed that the guidance of religious belief was effective in increasing the religious knowledge and attitudes (Akbarzadeh et al. 2015), and the religious women supported in coping with the stress of early motherhood (Mann et al. 2008). When respondents got guidance and do dhikr, it is interpreted as an attempt to recall and get closer to add and strengthen the knowledge of respondents that the conditions, trials or pressures faced today are in accordance with the limits of ability and can be faced with the help of the God.

Second indicator was the gratitude. This study showed that psychoeducation dhikr increases the respondents' gratitude during pregnancy and childbirth. The previous studies stated that the spiritual activities such as repentance and the dhikr increased the psycho-physiology changes to the positive ways (Nubli et al. 2013). Based on the literature, it stated that Islam offers a comprehensive methodology to solve mankind's spiritual, intellectual and nothing happens without His permission (Husain 1998). Peoples deed their lives through the understanding of the faith of a particular religious that it can direct how an individual will cope with life stress (Gall et al. 2005).

Another study shown that dhikr creates positive influences and eliminates negative influences and life satisfaction can also be achieved immediately when one performs dhikr, for in dhikr there is humility, fear of His power, and helplessness before Him, therefore developed gratitude, making it easy to achieve life satisfaction (Hamsyah & Subandi 2017). In this study, through stimulus of the psychoeducation dhikr which is accompanied by understanding the meaning of the reading so that happening strengthening and increase of knowledge, thus giving gratitude to the favors, fortune and grace in the form of pregnancy and childbirth.

Third indicator was the willingness. The psychoeducation dhikr facilitates the willingness of the respondent's heart in accepting pregnancy, childbirth and childbirth with all its consequences. Recurrent pronunciation and hearing, such as those characterized by dhikr have the ability to obtain a state of consciousness, because there is synchronization between the frontal cortex and the limbic system, and then the parasympathetic nerves coordinate relaxation, decrease stress hormones and stimulate serotonergic function to enhance calmness and increase response immune (Saniotis 2015).

However, another study found that dhikr has a substantial immediate short-term effect in reducing depression, anxiety and stress in mothers with children suffering from Congenital Heart Disease (Mirzaei et al. 2015). In this study, dhikr interpreted as a means in increasing the understanding that everything that happens is the will and has been arranged by Allah SWT and it reinforces the understanding and beliefs of pregnancy and childbirth are the nature of women in continuous descent.

Fourth indicator was the wisdom. The psychoeducation of dhikr increases the wisdom on the events of pregnancy, childbirth and childbirth. Dhikr lowers perceived stress with improvement the respondent's knowledge through comprehension and comprehension of the meaning of reading so that formed belief that behind condition of pregnancy, childbirth and childbirth there is a useful wisdom to be used as base in leading the life forward.

The previous study showed that cultural, contextual and religious factors affect the experience and positive attitude toward the pain during labor (Taghizdeh et al. 2017). Psychoeducation of dhikr awakens maturity thinking, confidence, and memory to always be grateful for all the gifts of Allah SWT, as well as new understanding and knowledge in the face of pregnancy, childbirth and childbirth, so in the end pregnant women have better mental health.

Although the respondents did dhikr

independently, beyond programmed time could not be controlled, however, psychoeducation dhikr increases the spiritual response of *primiparous* mother, which was reflected from the increase of mean score of patient indicator, gratitude, willingness and wisdom.

5 CONCLUSIONS

Based on this study results, the psychoeducation dhikr increased the patience, gratitude, willingness and wisdom of the *primiparous* women, and it can be concluded that the routine midwifery care plus psychoeducation dhikr are more increased the spiritual responses compared with the routine midwifery care only.

Psychoeducation of dhikr becomes an option in order to develop and optimize the mother's spiritual aspect. By adding psychoeducation dhikr on the routine midwifery care further increases spiritual responses based on patience, gratitude, willingness and wisdom on *primiparous* women.

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